106 E. Church St. Frederick Md. 21 701

(VRA 15, 4) 1/79

STATE OF MARYLAND

101: 11, 1962 Thunger to the sector will Ann. 15,19th and . A. F. IT brelive rederick Johnson Maryland Frederick rederick x 219 ween Street Herry J. Beacht, Sr. Fre Breals Stevens Yes Town II 216-11-502h irederick, Maryland 21701 10 br. Robert S. Hughes, L.D. 700 Hontelaire Ave., Ered. Md. 21701 Surial T. July 21, 1962 St. 211vet Cam. Handerick Frederick Frederick Fre and Lamana descoud. . . Puneral Toro

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NO.	1-	STATE REGISTRAR			CAL EXAMI			OF DEATH	REG. NO.	8 4	4 0
1		CEASED NAME	FIRST	A	MIDDLE	1	AST	20. DATE	KNOWN X	MONTH DAY	YEAR 26. HOOD
ES. SE		Fı	rancis]	Ernest	Be	eckwith	OF DEATH	MATED	71	10 82 12
RY, PLEASE DIRECTOR. OUR FILES. 2 HOURS	3. SE	X 4 RACE	5. DAT	E OF BIRTH	6. AGE (IN	YEARS IF UNI	DER TYR. IF UNDER	24 HRS. 2t. DATE		MONTH DAY	YEAR 2d. HOUR
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ALC HA	2/	ITY OR TOWN OF DEATH		ME OF HOSPI	TAL, NURSING HO	()		12a. USUAL OCCUP		WORK 12b KI	ND OF BUSINESS R INDUSTRY
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21201 ANY DEL AND 3 TO REFAMD 3 TO POULD BE RECORDE	130.	AL RESIDENCE (IF IN NURSIF	COUNTY arroll	NSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
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BALTIMORE. S. AFTER DEA GIVE PAGES TITH FORM P PAGES I ANI	160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (H	YES, GIVE WAR OR D	RCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	9	901Bss B	essie	Clemson
S AF GIV	^_	Yes	II WW		213-0943	3-93	Audrey	Beckwith	Union		
ST.,		18. CAUSE OF DEATH (PART I DEATH WAS	Enter only one co CAUSED BY:	ouse per line fa	r (a), (b), and,(c).)	Dans	.20	. ,		BET	PPROXIMATE INTERVAL
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UTED IN PE EXAM	3	lying cause last.	e onder	DUE TO, OR AS	A CONSEQUENC	10 a	Lastry	Rulan	mary	KO	1110
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F VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEWOND PENDING." IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31. E CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN OBE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BINT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS. BURIAL, CREMATION, OR REMOVAL.	Z	THE Z OTHER STORM TEAM ! C.	NOTIONS CONTRIBUT	INO TO GENTA BUT	NOT RECATED TO THE TE	RMINAL UISEASE	OK CONDITION GIVEN IN PA	IKT I (a).			
PEN ME	CERTIFICATION	19a. DATE OF OPERATION	NC	19b. CONDITIO	N FOR WHICH OP	ERATION WA	S PERFORMED?			70 A	AUTOPSY?
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OF VITA ATE SHO E WORD THE CHILL TO BURIV TO BURIV	3 8	210. EXTERNAL CAUSE	WAS :	216. TIME OF IN		21c HO	W INJURY OCCURRI	D (ENTER NATURE OF IN)	JRY IN ITEM 18 PART		TES LI NO G
CERTIFICATE TING THE WAS TO THE DEPARTMENT OF THE WAS TO THE DEPARTMENT OF THE WAS THE	3 4	UNDERLYING OR CONTRIBUTING CA	USE OF DEATH	HOUR A.M. A	MONTH DAY YE	AR					
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DIV THIS C WRITE WARDIE PAGE 2	×	AT WORK AT WOR		STREET, FACTOR	Y, FARM, ETC.)	ST	REET	CITY OR TOV	VN.	COUNTY	STATE
						-		4			
EXAMINER: CERTIFICATION DIRECTOR: WITH THE SAARYLAND,		22a. I certify that I to	1	TX		Autops				my apinian	
REC BEC VITH		death resulted fram	Natural cause	80%	ccident [],	Suicide,	Hamicide	Undetermined ma	nner 🔲,		. 1 1
M. V. W.		ACTUAL SIGNATURE	mar	Ja. N	ores		TITLE (SPECIFY)			DATE	7/2/52
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		SIGNATURE				M.t	Deputy	812 Tola	House	Avenue	11-10-
A PER	2	EXAMINER'S NAME (TYPE OR PRINT)	Robert	J. Tho	omas, M.D		DDRESS	Frederic	k, Md.	21701	
PAGE AF	23o. f	URIAL, CREMATION, REM			23c. NAME OF C			23d LOCATION			
BP	(Burial	7/5/	82	Resthar			Freder	ick,Fr	ederi	ck.Md.
DHMH - 17	24 F	UNERAL DIRECTOR		1621	Opossu	nt.own	Pk 250. DATE	REC'D. BY REGISTRA		A SSIGNA	Westler
(VR A15 ME (5))	LG	Douglas S	Stauffe	r Fre	der i ck	Md	JU	L 1 2 1982	Mon	0	

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	e sex	4. RACE White	Dec. 5	1905 76	THDAY) MONT		ER 24 HRS. 20 MIN. PF	DATE RONOUNCED DEAD	7	19 67	14 110 91
5	7a. BIRTHPLACE FOREIGN COUNTY Mary.	(4)	76. CITIZEN OF WI	S . A.		HED NEVER MA	RRIED . 9.	BALTIMORE CITY Frederi	_		M
4		erick	Freder		rial		FOR MO	LOCCUPATION ITY STOF WORKING LIFE) ASEWITE	PE OF WORK	OR INDUS	
	isual resident 130 State Marylai	re (IF IN NURSING HOME of 13b. COUNTY)	or other institution, Gr ITY derick	13c. CITY OR JOWI Freder	ick	134 INSIDE CITY LIMITS	130 808	ADDRESS	Avenu	10	
	14. FATHER'S NA FIRST		MIDDLE B	idle		15. MOTHER'S MA	oline	MIDDLE C	. (ur	ıknown)
I	16a. WAS DECEA (YES, NO, OR UNI	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	213-60-8		Street	obert Free		ar, l Mary	106 Ea Land 2	1701
	PART 2 OTNE	rise to immediate (a) stating the under- couse last. R SIGNIFICANT CONDITIONS OF OPERATION	(c)CONTRIBUTING TO OFATH	•	ERMINAL OISEA		I PART 1 : a				
	210 EXTER	NAL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY Y	21c H	OW INJURY OCCUR	RRED LENTER NA	TURE OF INJURY IN ITEM 1	8 PART I OR PAR	20 AUTOPS' YES [**
	21d INJUR	NOT WHILE D	21e PLACE	OF INJURY (AT HOME TORY, FARM, ETC.)		OCATION STREET	a	CITY OR TOWN	cou	YTM	STATE
X	death res	e's NAMERober	rol couse	Thomas !	n Autop Suicide	Hamicide TiTLE (SPECIFY) A.D. Deputy	Undeter	ALEXAMINER AL HOUSE ACK, Md. 2		7/1	il8V
١	Bur	ial (July22,			t Cemete		oderick			°Md.
	Smath 106 E	Keeney Church	Basfords St. Fre	J.A. Fu	neral Md. 2	Home J	UL 26	1982	and S	den // s	

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DHMH - 16 50M 1/81 (VRA 15, 4)

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g		REGISTRAR					ICATE OF DI	EATH	REG. NO				
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE OF DEATH	MONTH DAY		2b HOUR	
1		ANNA	BELLI	E Be	nnett	Bo	ONE			7 26	82	427,	M
	3. SEX	X	4.	RACE		5. DATE C		W D	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H	-
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1		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	D NEVER M	ARRIED -	9 BALTIMORE CITY O	R COUNTY O	F DEATH		
7		ryland		U.S.	Α.	WIDOWE		ORCED	Freder	ick			MD.
1	10. C1	ITY OR TOWN OF DEAT	Ή 11		HOSPITAL, NURS		OR OTHER INSTI	TUTION	12a USUAL OCCUPATION		12b KIND C	F BUSINESS	OR
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		THER'S NAME				e de J	15 MOTHER'S		AE .				_
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	1			DUE TO, OI	R AS A CONSEQ	UENCE OF		4			- 4		
		Conditions, if any,		(b)	7	pere	enzen						
		couse (a), stating underlying couse		DUE TO, OF	R AS A CONSEQ	UENCE OF					1.00		
				((c)									
	z	PART 2 OTHER SIGNI	FICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	0	
	CERTIFICATION												
9	CA	19a, DATE OF OPERATION	ON	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII			
Ц	RTIF								YES NO	YES		NO 🗌	
1		210. ACCIDENT WAS UNDER		21b. TIME O	FINJURY M. MONTH (DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	I OR PART 2)		
7	CAL	(IF EITHER, NOTIFY MEDICA		P./		19							
	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE	OF INJURY REET, FACTORY OFFICE		21f LOCATION	٧	CITY OF TO	VN	COUNTY	STATE	
	2	WHILE NOT WHILE	E 📄	(AT HOME SIR	REET, FACTORY OFFICE	FARM, EIL)	SINCE		ciii oki io		-	JIAIC	
		220.1 certify that (1)	this hospital			7-	22	19 82	_, 10_ 7- 26		82	that (In (we) I	ost
	77.0	sow the deceased	live on)- 2		12,01	nd that in m	our) opinion d	eath occurred on the do	te and hour o	nd from the	couses stated	
2		22b. SIGNATURE	(ala not) v	lew the body	offer death.		DEGREE				22c. DATE	SIGNED	_
		Re	eul	lu	-07-1	0.	AT	TENDING	MEDICAL STAF	F	2-	26-8	7
	100	22d. PHYSICIAN'S NAM	ME ITYPE OR PI	RINT)			22e ADDRESS	TISICIAN [DIRECTOR PHYSIC	IAN	-	-	-
		RONDLO	E de.	, 660			p.O.	BOX	210	771	129	24	
-	22. 5					A1444=	1/			- / //			
	230 B	URIAL, CREMATION, RE	EMOVAL	23b. DATE			EMETERY OR CE		23d LOCATION CITY OR TOWN		OUNTY	STATE	
	DA E	Burial		7/29/	82 L:	ingan	ore Cer	netery	/ Unionvi	lle Fr	eder	ick M	d.
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STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. For retained by the hospital or ottending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centificate be executed within 24 hours after death. For retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral in should be detacked for use as the burish transit permit. Then please remove conhappopers Pages 1 and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE 8	2 REG. I	1	8	4	5	4
FIRST	MIDDLE	LAST	2a DATE			DAY	YEAR	7h HOUE	R

	- STATE REGISTRAR				EALTH AND MENTAL HYG	REG. N	10.			ĺ
	CEASED NAME FIRST		MIDDLE		IAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR	?
(119)	Elmel	- n	21/0	Oh	ink		7/18	2/87	0	
3. SE		4 RACE	7.70	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 2	7.4
	Male	Whi			ist 21, 1921	60		DAYS DAYS	HOURS	,
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED D	9 BALTIMORE CITY 9	rick Co			
	Ezederick	(IF NOT IN SU	HOSPITAL, NURSING CH FACILITY, GIVE STREET A	DDRESS	PROTHER INSTITUTION Mospital	12g. USUAL OCCUPAT {TYPE OF WORK FOR MOST: Farmer	ION	12b. KIND OI INDUSTRY Farn		SS
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL		136 CITY OR TOWN Tuscaror	4	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Chick Rd.,	Tuscar			-
14 FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM					_
		ilo	Chick		Misie	Mae	CE	arson		
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR				-
		one	220-30-88	85	Mrs. Gladys C	Chick, Chi	ck Road	Md :	1700	
	gove rise to immediate	DUETO	P AS A CONSEQUE	NCE OF	(NFARCTION					-
TION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS C	TESIL	NCE OF	CAROIO		NDITION GIVEN	N IN PART 110		
RTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS CO 177646	ARTERIO ONTRIBUTING TO D CTESTS ITION FOR WHICH O	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? YES \(\text{NO.} \text{NO.} \text{L}	20b. IF YES, 1 IN CERTIFYI YES	WERE FINDIN	GS USED	- 43
CAL CERTIFICATION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS	ARTERIO DO DITRIBUTING TO DI TESTI I ITION FOR WHICH O	NCE OF	CAROIO	20a AUTOPSY? YES \(\text{NO.} \text{NO.} \text{L}	20b. IF YES, 1 IN CERTIFYI YES	WERE FINDIN	GS USED OF DEATH	17
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS	ARTERO ONTRIBUTING TO D TEST I ITION FOR WHICH O OF INJURY M. MONTH DA	OCCLEATE BUT OPERATIO Y YEAR 19	NOT RELATED TO THE TERM	20a AUTOPSY? YES \(\text{NO.} \text{NO.} \text{L}	20b, IF YES, VIN CERTIFYI YES URY IN ITEM 18 PAR	WERE FINDIN	GS USED OF DEATH	17
	COUSE (O), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF B. (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURTED)	CONDITIONS	ONTRIBUTING TO D TESTS TION FOR WHICH O OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA	PEATH BUT OPERATIO Y YEAR 19 RM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 214 HOW INJURY OCCURR	200 AUTOPSY? YES NOTER NATURE OF INJURED CITY OR TO	200. IF YES, IN CERTIFY! YES URY IN ITEM 18 PAR	WERE FINDIN NG CAUSES I I OR PART 2) COUNTY	GS USED OF DEATH NO STA	A
	COUSE (O), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTHER MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (the has sow the deceased alive cobove, II) (we) (did) (did of the cobove, II) (we) (did) (did of the cobove, II) (we) (did) (did of the cobove, III) (we) (di	CONDITIONS	ONTRIBUTING TO D TESTS TION FOR WHICH O OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA	PEATH BUT OPERATIO Y YEAR 19 RM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 The thore in (my) (507) opinion of the performance of the control of the control opinion	200 AUTOPSY? YES NOTER NATURE OF INJURED CITY OR TO	20b. IF YES, IN CERTIFYI YES URY IN ITEM 18 PAR DWN 5 , 19 dote and hour co	WERE FINDIN NG CAUSES (COUNTY COUNTY 276. DATE S	GS USED OF DEATH NO STA	AT te
MEDICAL	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINATIVE AT WORK AT WO	CONDITIONS	ONTRIBUTING TO D TEST TION FOR WHICH CO OF INJURY M. OF INJURY REET, FACTORY, OFFICE, FA ofter death. Jr., M.D	POPERATION Y YEAR 19 RM.ETC) 15 10 10 10 10 10 10 10 10 10	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 19 19 10 10 11 12 11 12 12 13 14 15 16 16 17 18 18 18 18 19 18 18 18 18 18	200 AUTOPSY? YES NOW NOW CITY OR TO death occurred on the of MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYI YES JIN TIEM 18 PAR DWN Stote and hour color of the col	WERE FINDIN NG CAUSES (1 OR PART 2) COUNTY 220. DATE S	GS USED OF DEATH NO STA	AT THE

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	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4 5 5
ge 3 seath		CEASED NAME FIRST STELLA	May C.	Line	July 14, 19	782 11 35 A
(A)	3. SE	Female	4 RACE White	March 4,1894		UNDER I YEAR IF UNDER 24 HRS.
		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prederick Co	
by th filled		Frederick	Frederick Men	or other institution normal Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
2 should be	13a. S Ma	ryland Fred	derick Jeffers	N 13d. INSIDE CITY LIMITS?		Pike
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on ond costs. Poges 1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 220-30-	Mara Moss	garet G. Cline, item #13e	SAME AS
on. hos been signed by the ottend permit. Then pleose remove co ene prior to buriol, cremation, o aws ony injury, or other troumot	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (A) 190 DATE OF OPERATION	uou, midu	corebral infa	MINAL DISEASE OR CONDITION GIVER Water well 1 1200 AUTOPSY? 1206 IF YES.	WERE FINDINGS USED NG CAUSES OF DEATH?
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MH - 16 50M 1/81 (VRA 15, 4)	24 FI	Burial UNERAL DIRECTOR Mith Keeney (Muly 16,1982	Lutheran Cemete	To 1987	resperier Mo

STATE OF MARYLAND

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K	- TAY	1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 REG, NO.	8 4 5 7
(M)		ECEASED NAME FIRST PE OR PRINT) Nao1	mi E.	CRAMPTON	7-35-83	DAY YEAR 26 HOUR P
	ge 4 rs aff	3. S	Female	White	5. DATE OF BIRTH FIRED. 1 1894	6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
0	neral dir in 72 hou	70. 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9 BALTIMORE CITY OR COUNTY Frederick Co	
10	by the fulfilled with	10. 0	Frederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Prederick Nur	Sing Center	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSOWIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	filled in auld be immet be	130	STATE LUC COUR	rother institution, give residence before NTY 13t. CITY OR TOWI derick Frederi	ADMISSION) 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 434 North Mar	rket Street
MARYLA	mpletely and 2 sh	14. F		AIDDLE Zimmerman	15. MOTHER'S MAIDEN NA FIRST Hattie	ME	Stockman
IMORE,	n and co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECUI (E WAR OR DATES) 214-10-	2269 Apt. 41 Lo	la C. Engle, 37	72 Bath Ave.
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AL RECORDS, 201 V	he law requires that ian. The bas been signed by it permit. Then please inene prior to burial, a paws any injury, ar at	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM METASTATION WAS PERFORMED	forficer to the property of the person of th	ENIN PARTICOL SI, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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	405PITAL OK ATTENDING by the haspital or FUNERAL DIRECTOR: A build be detached for use or the Store Dept. of Healt ORTANT: If them 21 is mo		sow the deceased alive an	the sody ofter death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	17/26/82

1982 Reformed Cemetery Jefferson Frederick Md.

1982 Reformed Cemetery Jefferson Frederick Md.

Turieral Home, 186 EJUL 2 8 1982

DHMH - 16 50M 7/77 (VR A 15 (4)) 236. BURIAL, CREMATION, READVAL 236. DATE (SPECIFY)

Burial July

Smith Keeney Hasford Funeral Church St., Frederick, Md. 2

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4 5-SAE/A#	14. FATHER'S N.	AME	WIGDTE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDOLE		LAST	
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FTER FTER FOR SES I	(YES, NO, OR UN	ASED EVER IN U.S. AF	RMED FORCES? E WAR OR GATES)	16b. SOCIAL SEC		17. INFORMANT	Schrum	Md. St	tate P	olice	1- 1170
PRESTON ST., BALTIMORE, MD.; THIN 24 HOURS AFTER DEATH. IF TILL IN ITEM 18. GIVE PAGES 1, 2, 4 ER ALIONG WITH FORM PM. 3: ANSIT PERMIT. PAGES 1 AND 2 SH AL HYGIENE, DIVISION OF WITAL R REMOVAL.	No	E OF DEATH (F-A	-1 6	214-94	-0003	Tpr. B.	Senrum	Freder	CICK B	arric	
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SYDY SYDY	death re	sulted fram Nati	ral causes	Accident .	Suicide	, Hamicide	Undetermined	manner,)	
AA WAA	ACTUAL	7476	U DO	MARIA		TITLE (SPECIFY) A.D. Deputy			DATE 7	1731	6-21
SE S	SIGNATU				^	L.D. Deputy	812 Tol	AMINER 1 House	SIGNED_	1'11	
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIMA	EXAMINE (TYPE OR	R'S NAME R	obert J.	Thomas, M	.D.	ADDRESS	Frederi		21701		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYDAND, 2	230. BURIAL, CRE	MATION, REMOVAL	23b. DATE	23c. NAME O	F CEMETERY C	OR CREMATORY	236. LOCATION		COUNTY	51A	ITE.
BP	В	urial	7/17/82	Resth	aven I	Mem.Gar.	Frede		Erede	diek.	Md.
DHMH - 17	24 FUNERAL D	RECTOR	ADDRE	621 Opo	ssumto	wn PKJU	PREC'D BY REGIST	RAR DE REGI	The season	ATTENE THE	
(VR A15 ME (5)) 15M 2/80	G. D	ouglas S	tauffer	Frederi	ck Mo		N Z 100L		*		

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or remaval.

O HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I DECEASE					1.			ATH MONTH	DAY YEAR	
TYPE OR PRIN	ED NAME	FIRST		MIODLE		AST	20 DATE OF DE	ATH MONTH	DAT TEAR	26 HOUR
1		AROLD		GEORGE	C	URRY	July 2	9, 1982		4:00 A
3. SEX			4. RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YE	
	Male	1917	Caucas	ian	June	27, 1914 YEAR	68	YRS.	MONTHS DAT	S HOURS MIN.
7a. BIRTHPL	LACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
Cana			US	'A	WIDOWE		Freder	cick		M
IO. CITY OR	R TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCC			OF BUSINESS OR
Frede			Frederi	ck Memori	al Ho	spital		ovt empl		
130 STATE		136 COUN	TY	13c. CITY OR TOW	N I	13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS		11111111
Maryl		Fred	erick	Frederic	k	YES 🔀 NO		son Pla	ce	
14 FATHER	'S NAME FIRST	A	AIDDLE	LAST		15 MOTHER'S MAIDEN NA		DDIE		I A S T
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	ECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		AD 509 W.	ilson 1	Place
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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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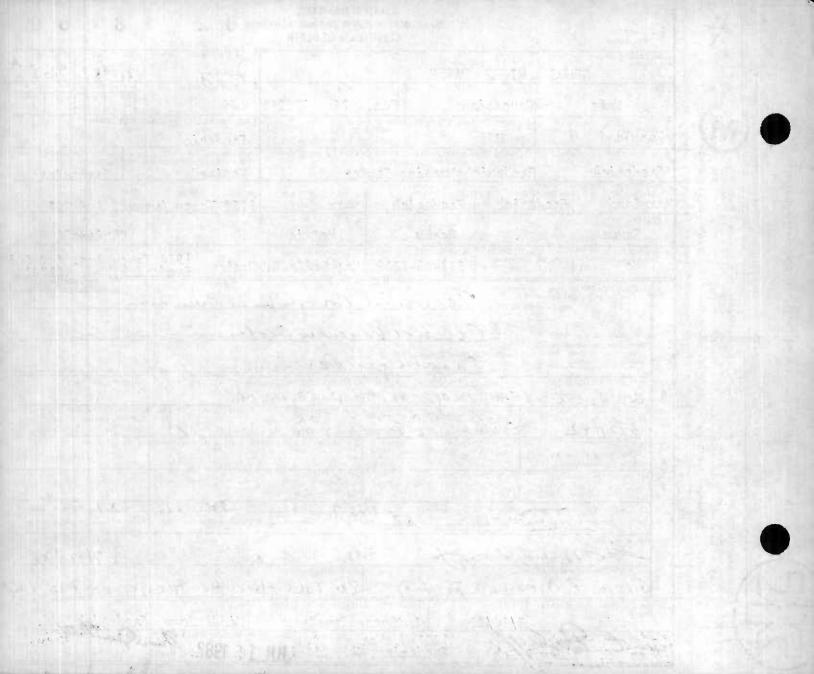
Resthaven Mem. Gardens 1201 N. Market St.

Frederick, Md 21701

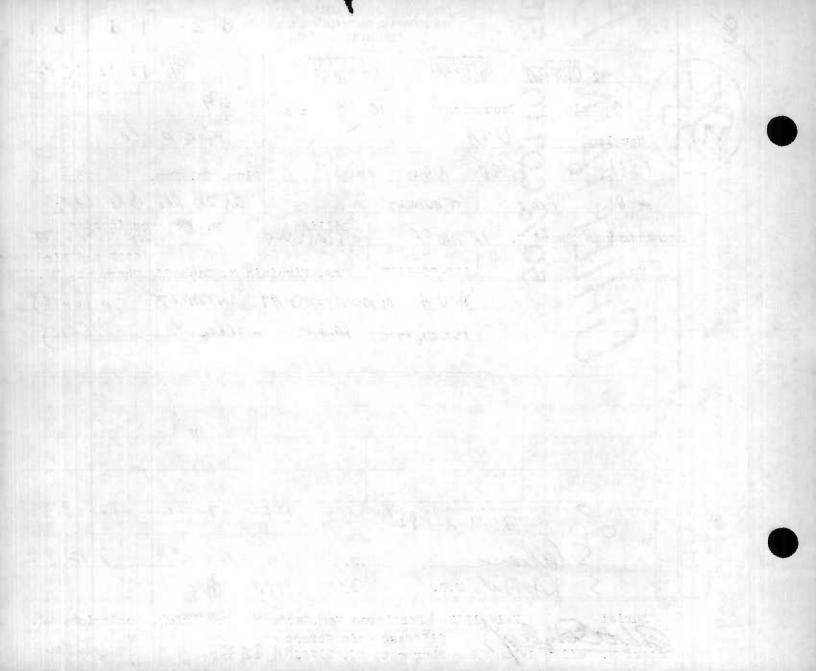
Frederick, Frederick, Md.

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INDIAY Homex



STATE OF MARYLAND



BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

4				STAT	E OF MARYLAND				1	1
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1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	5 .			
1	1. DEC	CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOURS	0
		NELLIE	KATHLEEN	DONO	1 March 1	July 28	1982		P.	M
d	1. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR	IF UNDER 24 H	·NJ
g		Female	White	Nov	. 20, 1900	81	YRS.		THOUSE AND	
n	a BIR	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH		
4		Md.	U.S.A.	WIDOWE		Fred	erick C			MD.
d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATI	E WORKING LIFE) IN	DUSTRY.	BUSINESS	OR
		rederick	Citizens Nurs		Home	housew	ife o	wn h	ome	
-	13a S	TATE 136 COUR Md. Fre	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 131 CITY OR TOW Brunswi	N.	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	nut St.			
H	14. FA	THER'S NAME	bruitswi	CIL	YES MO NO NAME NAME NAME NAME NAME NAME NAME NAME		100 000			-
7		FIRST	SEPH DONOVAN		GRACE	ESTELLE	WI	LSON	I	
1		(AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		100	
		Vo [II-123, GIV	216-30-	3315	Ethel Dono	van Brun	swick,	Md.		
ı		18 CAUSE OF DEATH LEnter of	nly one cause per line for (o), (b), an	dic	Datos To.	1 has		BETWEEN	NATE INTERVAL	tH
ı			TE CAUSE (a) Meserve	sic 1	Melen I aris	Moses		36t	ierus	-,
		2500	DUE TO, OR AS A CONSEOU	NCE OF	20 for	- Coursi				
ı		Canditians, if any, which gove rise to immediate	(b) renelle	uzea	axerio-	8 Service		7711		
ı		cause (a), stating the underlying cause last	DUE TO, OR SE CONSTITUI	High .						
1		DART 2 OTHER SICALIFICANT	(c)		101.001.000					
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ì	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	E FINDING	GS USED	
	TIE					YES NO	YES [CAUSES	NO [
		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEA	Ain -	19		1000 1000				
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.}	211 LOCATION STREET	CITY OR TOW	/N CO	YTHUK	STATE	
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ı		abave, (1) (we) which the no	at) view the body alter death.		nd not in (my) (auc) opinion o	death accurred on the do				
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1		12.	DR PRINT)	175	22e. ADDRESS	DIRECTOR PHYSIC	IAN	1120	100	
١		Bernard 1	O. Thomas SV.		228/VI Marke	Frede	rick, M	d. 2	1101	
1	23a. Bi	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N		EMETERY OR CREMATORY	23d. LOCATION				
	(SI	Burial	July31,1982 S	St. M	ary's Cem.	Petersv	ille Fr	ed.	Md Md	
ı	24. FU	NERAL DIRECTOR Bruns	swick, Md Mooress 2]	716	25a. DAT	FREC'D. BY SELECTION R	THE GUTTAR'S	SICH CO	muly	4
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2b HOUR

20 DATE OF DEATH MONTH

July 4, 1982

12:10P M

IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR

INDUSTRY None

McFarland

10802 Old Annapolis Road Frederick, Maryland 21701

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 190

LAST

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO F

COUNTY

22c. DATE SIGNED

7-4-1982

COUNTY

STATE

7-7-1982 Burral

Resthaven Mem Gardens Frederick Count Dailey Son, P.A.DDRESS 1201 N. Market Still 1 9 1002 Frederick, Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

I. DECEASED NAME

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a Shate	Car No.	personal design of the state of
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		NATURAL STATES

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE		DEPARTI		EALTH AND MENTAL HY	GIENE 8 2		8	4 (5 4
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0			
	EASED NAME FIRS		WIDDLE	L	AST	20. DATE OF DEATH		DAY YE	AR 2	b. HOUR
(TYPE C	OR PRINT)	ileen	В.	FAWLE	Y	JUL	7	20 €	7	2130
3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1		F UNDER 24
	Female	Whi	te	Fe	b. 12, 1901	81	YRS.	MONTHS	DAYS	HOURS
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	Maryland	US	A	WIDOWE		Fred	erick	Co.,		
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)	Webster	V. B	urdette	97.5	Mary	Catherin	е	Tabl	er	
	'AS DECEASED EVER IN U.:	S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	2 ADDR	ESS OT A	Hund	mod	Ra
(16.	No	S, GIVE WAR ON DATES!	219-20-4	157	George W.Bin	mix. Dick	erson	Md	reu	IUL.
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Middletown, Md.

- STATE

(VRA 15, 4)

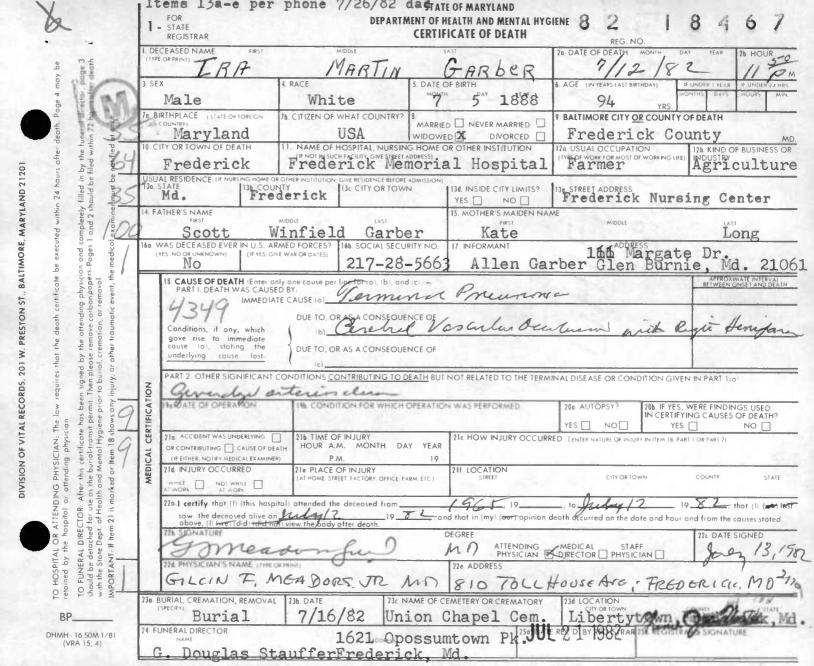
Thompson Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 28 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) Fuss Marv E. AGE IN YEARS LAST BIRTHDAYL IF UNDER I YEAR # UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Frederick&County 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 31 Patrick Ct. ADDRESS 144 Fair View Ave. Frederick Md 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART YOU 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO PT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 77c DATE SIGNED DIRECTOR PHYSICIAN STATE Pikesville, Md. 24 FUNERAL DIRECTOR RAR 254 REGISTRAR'S SIGNATURE DHMH-16 25M Eline Funeral Home, Reisterstown, Md. Corces (VRA 15, 4) 1/79

Preferrior (Money Content Center (Monte Content Center) Profestel Preductor of the control of the control of the Bloom V. Justs ahoo! . i terment Mr. W. Markery Statement Statement of the Statement of th Bill, offiveenth onhall bland on head to the contract of the co Mire Mineral Some, Beinterstown, Mi.



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106 East Church St. Frederick.

(VRA 15, 4) 1/79

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7	1	FOR			E OF MARYLAND	0 0		•	w
1	1	STATE REGISTRAR	U		ICATE OF DEATH	REG. N		8 4	/ U
		CEASED NAME FIRST	WIDOLE	1	ÎÙMME L		MONTH OAT	YEAR 2	b. HOUR
y be	(****	RUTH	ELMABE	TH I	VMYEL		7 8	28	705PM
4 mo	3 SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIS	RTHOAY) IF	UNDER I YEAR I	F UNDER 24 HRS
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CM) 35	/a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) USA -MD	V SA	MARRIE WIDOWI	D NEVER MARRIED DIORCED	FREDER!	_	O.	MD.
the ffe	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF I	
tiled filed		ROGRICK	HEEDERCK	mance	KIAZ	Homemaker		Home	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a certificate has been signed by the attending physician and campletely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be file than and Mental Hygtene prior to burial, crematian, or removal.	13a.	MD FRE	INTY 13, CITY C	CE BEFORE ADMISSION) OR TOWN DERICK	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 20 4 W 12	th 51		
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BALT cote opers opers ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line for (a),	(b), and (c).)				APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
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S, 20 Uires Igned en ple buric bury, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT		MINAL DISEASE OR CON	DITION GIVEN	IN PART I(a)	
ORD requirements	CERTIFICATION	CHRONIC			DROME				
REC.	FICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	VERE FINDING NG CAUSES OF	S USED F DEATH?
N: The Invision of the Invision of the Invision of the Invision of	ERTI	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NOW	YES [NO 🗆
PHYSICIAN PHYSICIAN this certifica this certificate buriol-trand Amental H. d or Item 18		OR CONTRIBUTING _ CAUSE OF DE	HOUR A.M. MONT		THE HOW HAJORT OCCOR	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
HYSIG Iding Iding buris or fre	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21s. PLACE OF INJURY	19	21f LOCATION		<u></u>		
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D or Se o or s		220 I certify that (1) this hosp	oital) attended the deceased	from 7 -	1957	, to 2=	£ 19.	82 , the	(we) lost
Spirol Spirol for 1		saw the deceased alive or abave (I (we) du) (did no	n 7-8-92 at) view the bady after death	_19, ar	d that in my (our) opinion	deoth accurred on the de	-		
OR A DIRECT DIRECT DEPT.		22b. SIGNATURE	- 0		DEGREE			22c. DATE SIC	SNED
TAL O yy the RAL DI detocl tote Do		> (alan	- M	PHYSICIAN)	MEDICAL STAI	IAN 🗌	7-8-	-82
HOSPITAL uned by th FUNERAL build be dett h the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		228 ADDRESS	1/1	Son	2 1.0	7/2-
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	23a.	BURIAL, CREMATION, REMOVAL	1 10 100 100 100		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	P 1-	OUNTY	STATE
BP	206	Burial	July 12,1982	Mount	Olivet Cemete	TE REC'D. BY REGISTRAR			aryland
DHMH - 16 50M 1/81 (VRA 15, 4)	10	6 East Church	St. Frederick	MD 217		L 1 5 1982	Marie ?	F	

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k		FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	8 4 7 1
9	£ 4	1. DECEASED NAME FIRS (TYPE OR PRINT) Alma	Ardell	Jackson	July 29, 1982	2 YEAR 26 HOUR 3:55 A
		3. SEX Female	4. RACE White	5. DATE OF BIRTH OCT. 15, 1928	6 AGE (IN YEARS LAST BIRTHDAY) 53 YRS	MONTHS DATE HOURS MIN.
0		BIRTHPLACE (STATE OR FOREIGH Maryland	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED ₩ NEVER MARRIED □ WIDOWED □ DIVORCED □	9 BALTIMORE CITY OR COUNT	
10	Sometiment of the state of the	Unionville	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION TADDRESS!	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Housewife	126. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120	filled in rould be falled in	USUAL RESIDENCE (IF NURSING HO 13a, STATE Maryland Fr	WE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY ederick Unions	WN 113d INSIDE CITY LIMITS?	8738 Woodvi	lle Rd.
MARYL	mpletely ond 2 sh	14. FATHER'S NAME William	V. Merson	n Dora	AME MIDDLE	Harrison
IMORE,	Poges 1	160 WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (IF YE		urity NO. 17. INFORMANT -4105 William H	Jackson, Same	e As #13
T., BALT	physicia on papers emovol.	PART I. DEATH WAS CA	er only one cause per line for (a), (b), o AUSED BY: DIATE CAUSE (o)	nd (c).)	. ~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S	othending overcarbo fran, or re	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	JENCE OF	pharlopytes	2293
201 W. PR	d by the ease remo	gove rise to immediate cause (a), stating the underlying cause las	DUE TO, OR AS A CONSEQU	_	70-4-	Gmd
ORDS, 20	en signed. Then plints to buring	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)

gove rise to immediate cause (o), stating the underlying last. cause Como PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)Burial

21b. TIME OF INJURY HOUR A.M.

MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

22e. ADDRESS

CITY OR TOWN

and that in (my) (our) opinian death occurred an the date and hour and from the couses stated

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on above. (Howe) (did) did not) view the body after death.

226. SIGNATURE

DEGREE ATTENDING 1 PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

west

Pine Grove

Mt. Airy, 23¢ NAME OF CEMETERY OR CREMATORY

COUNTY

Md .

BP.

CERTIFICATION

24. FUNERAL DIRECTOR Charles W. Burrier, Jr., Sýkesville, Md.

8-1-1982

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR

DHMH- 16 30M 2/80 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been

d Mentol Hygiene

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)

George Raymond Heller July 9, 1932 [12 1. 1010 Proderick Prederick Peterial Hear. | Pervive Dant Pietrick Co. townth mist Cioci x modyfodli solcher hanlers Goorgo M. Keller Virgals Biggs His. Hardwin, His. Yes Will 234-10-4121 Invok N. Keller

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Market Start July 8 198 July Start Start Start

18		ems #12a &12b F FOR STATE REGISTRAR	ilm G570 8/2/82 DEPARTI	TCSTATE OF MARYLAND WENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 1	8 4 7 3
o 64		CEASED NAME FIRST	HO MALO	LAST	REG. NO.	DAY YEAR 26 HOUR 50
(M)	3 SE		White	5. DATE OF BIRTH MONTH L 8 1916	6 AGE (IN YEARS LAST BIRTHDAY)	1982 5 AT IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
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complete ond 2.		John 1	Howard Stewa		WIDDLE	Topper
e be execution and construction ond construction on constructi		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) [1F YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 219-14-		Leatherman Fre	
equires that the death certifical signed by the attending phy. Then please remove carbon pot to buriol, cremation, or remaniquy, or other traumatic event	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) CONSEQUE (c) CONSEQUE	ENCE OF SIVE SMOTH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G MC
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ING PH After this as the k Ith and I	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F.	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
1. OR ATTEND the hospital of 1. DIRECTOR: stacked for use the Dept. of Hea		22a I certify that (I) (this hospit saw the deceased alive on, above (I) we) (cd) (did not 22b. SIGNATURE	tal) attended the deceased from	DEGREE ATTENDING	death occurred on the date and ho	19 2, tho (we) last ur and from the causes stated
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE O	27 U 3 C 4	PHYSICIAN A	DIRECTOR PHYSICIAN	17:47 82
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR NAME Douglas Star	1621.00pc	ossumtown Pklann	E REC'D. BY REGISTRAN A NEGIS	Carling Market

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MPORTANT: If frem 21 is marked or frem 18 shows any injury, or other troumatic event, the medical paraminer must be invitted of opce.

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	(TYPE	CEASED NAME FIRST NORMA	MIDDLE C .	K	[NG	July 3,	1982 DA	Y YEAR	26. HOUR 6:50 M
	3. SE.	Female	White	Feb.		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
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4	F	rederick	TO THE INSTITUTION GIVE RESIDENCE BE	emoria	al Hospital	TYHOUSEW1	ON LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR
35	13a S	STATE 136 COUR		NWC	13d INSIDE CITY LIMITS? YES NO 1	13° 800 ADRESS	ter Av	enue	
2/		Albert VAS DECEASED EVER IN U.S. AR	Long Long		(Not a	available		LAST	
				0-9446	Mr. Richa Jefferson	ard Quinn St. Fred	. 18 S	outh Mary	rland
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2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO		200 AUTOPSY?	IN CERTIFYII		GS USED OF DEATH? NO
9	MEDICAL CE	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF DEATH OF THE CONTRIBUTION OF THE CONTRIBUT	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	19 E FARM, ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 d that is inny our) opinion d DEGREE ATTENDING	. 10 July leoth occorred on the fact	wn 19 Dite and hour o	COUNTY	
L	22 - D	Dr. James	Crosby, M.D		22e. ADDRESS 801 Toll 1	House Ave	IAN []	1. Md.	21701
	24 FE	wriat, cremation, removal Buriat 所對映性CReen 106 E. Church		2 Uti		rec'd, by registrar			Maryla VL.

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(VRA 15, 4) 1/79

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6	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 2	o.	8 4	7 7
E #		CEASED NAME LORA	A STANDISH	Hook	MOORE	20 DATE OF DEATH	MONTH DAY	YEAR 982	26 HOUR
	3. SE	Female	White	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS. HOURS MIN.
13	8	rthplace istate or foreign ountry)	U. S.	MARRIE		BALTIMORE CITY OF	erick		MD
	F	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Homewood Nu	reet address)	Center	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST O Housekee	F WORKING LIFE)	INDUSTRY	home
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ician and co			E WAR OR DATES)		Mrs. Lila	.0738 Gree Martin, I	m Vali Inion I	Bridg	e. Md.
g physici sanpape remaval.			nly one couse per line for (o), (b), ED BY ITE CAUSE (o) P P P P	ond (ch)				BETWEEN O	MATE INTERVAL ONSET AND DEATH
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ed by the lease rer ial, crem or ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC						
requires to Then p or to bur y injury.	TION	CEREGO		EASE					
cian. te has be sist permit giene pri shaws an	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHI	ICH OPERATIO		YES NO	20b: IF YES, W IN CERTIFYIN YES	IG CAUSES	
certifical certifical transfer 18 item 18	MEDICAL CE	21g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1	OR PART 2)	
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by the his detached to the DIRI		226 SIGNATURE CENZ. /.	Smith of 1	4.0.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	F IAN 🗆	10 J	/ -
retained by TO FUNERA should be de with the Stat			I. Smith, Jr		Frederi	ck, Maryl	and		,
BP	230 8	BURIAL CREMATION, REMOVAL SPECIFY) BURIAL			emetery or crematory	23d LOCATION CITY OR TOWN Storr	s. Con	neetj	STATE
DHMH-16 20M (VRA 15, 4) 7/78	1) Levita	Unic	on Bri	dge, Md. 7171	REC'D. BY REGISTRAR	25h REGISTRAR	S SIGNATU	URE T

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"Clin L. Molesworth, P.A., Damascus, Md.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	,				STATE OF MARYLAND		
15		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	1 0 4 1	8 4 7 9
		1 DE	CEASED NAME FIRST	WIDDLE	IAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	÷ 2	(TYPE	OR PRINT)		M	3041	1 11 10 600
	oy b	1 SE	Janet	Fout 14 RACE	Mumford 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	16 1981 4450 M
	E (54 m)	1 25				AR	MONTHS DAYS HOURS MIN
	ego Oge	-	Female	White	1 30 18		RS.
	4 DF	BI	RTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	BALTIMORE CITY OR COU	
	deo	1	Maryland	USA	WIDOWED DIVORCE		
	i 11 17	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		(TYPE OF WORK FOR MOST OF WORKI	
201	2 4 5 0		Frederick	Frederick Nu	rsing Center	Clerk	Grocery
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AN	in 24 h			erick Walkers	ville YES X NO	- 0) 01101 1100	d Dr.
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ORE	2 - 2	16a V		E WAR OR DATES)		6 Marylan	d Ave.
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BALTIMORE, MARYLAND 2120'	hysicale poper lovol.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), or D BY:	nd ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy on po		IMMEDIA	TE CAUSE (0) Proumon	a		3 deen
W. PRESTON ST.,	th ce corbing arr		4360	DUE TO, OR AS A CONSEQU	ENCE OF A SEA	/ - /	
EST	atternove of troum		Conditions, if any, which	1 bCVA-Wet	lathamalno,	astasia depotrag	12 24 VPS
9.	the series		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE-OF	/) 0 / 0	20V00
<u> </u>	d by leose iol, criol, croth		underlying couse lost	(Homer			30×RS
DIVISION OF VITAL RECORDS, 201	gne bur	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	0 6
ORD	en si The or to	CERTIFICATION	adenve			Realton transvence	Yon Jan 80
ECC	low re ermit.	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
AL A	The lo	RTIF				YES NO	YES NO
5	O PHYSICIAN: The intending physician prints certificate have buriol-tronsity and Mental Hygies and Mental Hygies and or them 18 shapes		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEA	18 PART I OR PART 2}
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Õ	PHY endir this e bu d M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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	Spito CTO I for of t		sow the deceased alive on above, (1) (we) (did) (did no	t view the body ofter depth.	, and that in (my) (our) o	ppinion death accurred on the date and	hour and from the causes stated
	OR All e hosp DIREC Dept oched f		22b. SIGNATURE	0 - 0	DEGREE	WEDIGH 07-15	221 DATE SIGNED
			Kimin			DING MEDICAL STAFF	1116182
	- 0 III 0 Z		22d PHYSICIAN SNAME (TYPE C		22e ADDRESS	1 = D 11 11 15 D	1
	0 0 0 = 0		JAMESE	. STONER, UN	WAL	ILERSVILLE, M	9 2/193
	of of ship with the ship of th	230 E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY STATE
	BP		Burial	7/19/82 Mt		stant Fradanick	Frederick Md.
, D	HMH - 16 60M 1/75	24 FU	JNERAL DIRECTOR	1621 Opossu	12	50. DATE REC'D, BY REGISTRAR	GISTRAR SENATURE
	(VR A 15 (4))	1	Davales St	TOST OPOSSU	mcown Fike	JUL 2 1 1982	0

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	FOR STATE REGISTRAR			STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 8	REG. NO.	8 4 8	3 0
4 THE POST OF THE	1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female	CARRIE V	Incinia hite	S. DATE OF BIRTH 1884. 6, DAY 190		EARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF	HOUR 11 AM UNDER 24 HRS DURS MIN.
	BIRTHPLACE (ST	ud U.S	OF WHAT COUNTRY?	MARRIED NEVER MA	RCED Fre	RECITY OR COUNTY derick Cour	nty,	MD.
# # # P 4	Frederick	OF DEATH 11. NAME ((IF NOT IN STATES IF NURSING HOME OR OTHER INSTITUT	OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTE ADDRESS) EXECUTE ADMISSION)	UTION 120 USUAL C TYPE OF WORL	OCCUPATION (FOR MOST OF WORKING LIFE FIA MANAGE)	12b. KIND OF BI	USINESS OR
BE BE	Maryland 14 FATHER'S NAME	Frederick	13c CITY OR TOW Frede	rick 13d INSIDE CITY	LIMITS? 13. STREET	St Second S	Street	
and	James .	S O. MIDDLE O. S. ARMED FORCE	Hooper		lie M	ADDRESS3 F 25	Stottleme	eyer
that the death certific d by the attending phy lose remove carbonal all crimations restron	53 Conditions, if	ony, which immediate stating the DUE TO	O, OR AS A CONSEOU POSSTED O, OR AS A CONSEOU	e paptie	ulier.	es(lière	APPROXIMATE BETWEEN GINSE 2 GA	45
Ahb. The law requires physician infects has been signe required they general. Then go of they give prior to but it shows any migray.	190 DATE OF O	AS UNDERLYING 216. TIM	atita	DPERATION WAS PERFORM	Paux sez	PSY? 200. IF YES, IN CERTIFY NOW YES	, WERE FINDINGS YING CAUSES OF	
DNG PHYSIC or attending After this cer is as the burso ofth and Marit marked or then	21d. INJURY OC		P.M. CE OF INJURY . STREET, FACTORY OFFICE.	19 PARM, ETC.) 211 LOCATION STREET	10 \$7	CITY OR TOWN	COUNTY	STATE
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8P		TION, REMOVAL 23b. DATE	23¢	NAME OF CEMETERY OR CRE	MATORY 23d LOCA			

Smith, Keeney and Basford Funeral Home 106 East Church St., Frederick, Md. 21701

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Male White Nov. 28,1917 6. BRITHPIACE (STAIL OFFORCE) 18. CHIZEN OF WHAT COUNTRY? 18. MARREDED NEVER MARRIED SHATIMORE CHIY OR COUNTY OF DEATH WITH MARRIED SHATIMORE CHIY OR COUNTY OF DEATH Prederick Co., 19. CHY OR TOWN OF DEATH II. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. CHY OR TOWN OF DEATH III. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. CHY OR TOWN OF DEATH III. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. CHY OR TOWN OF DEATH III. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. STATE OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. STATE OR OTHER INSTITUTION (FROM SHORE ADDRESS) 19. MARYLAND III. CHY OR TOWN OF THE HOME OF THE HOM	UNDER 24 HRS
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10. CITY OR TOWN OF DEATH	4
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Naryland Frederick Frede	au
William Henry Reaver Viola Gamber William Henry Reaver Viola Gamber Reaver Viola Gamber V	17.
18 CAUSE OF DEATH (Enter only one couse per line for (o); /bi, and (c).	
NO OB UNKNOWN (FYES, GIVE WAR OR DATES) 218-05-3721 The Ima L. Reaver, Item 13	
TO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Cardinal Arry flumia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING COUSE OF DEATH (FETHER NOTEY MIDICAL EXAMINER) 191. ACCIDENT WAS UNDERLYING COURSED 210. ACCIDENT WAS UNDERLYING COURSED 211. INDUSTRICATION 212. ACCIDENT WAS UNDERLYING COURSED 213. THE OF INJURY AT WORK CONTRIBUTION COURSED 214. INDUSTRICATION 215. PLACE OF INJURY 216. LOCATION STREET 217. COURTY OF TOWN COUNTY 218. PLACE OF INJURY 219. ACCIDENT WAS UNDERLYING COURSED 219. ACCIDENT WAS UNDERLYING COURSED 210. CERTIFY IN COURSED 211. CONTRIBUTION COURSED 212. DATE SIGN 213. SIGNATURE DEGREE 214. LOCATION STREET CITY OR TOWN COUNTY 215. DATE SIGN 216. PHYSICIAN COURSED 217. DATE SIGN 218. PLACE OF INJURY 218. PLACE OF INJURY 219. ADDRESS 300 PAYN AVE FVALOUR CALLY 220. DATE SIGN 221. DATE SIGN 221. DATE SIGN 2224. PHYSICIAN COURSED 300 PAYN AVE FVALOUR CALLY 319. DATE OF ONE OF THE COURSE 329. DATE OF ONE OF THE	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21e. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE, FARM, ETC] 21f LOCATION STREET CITY OR TOWN COUNTY 220. I certify that (I) (this haspital) attended the deceased from Sow the deceased alive an obove, (I) [(we)] (did) (did not) view the body after death. DEGREE 221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 222. ADDRESS 300 Park Ave Fredericks 300 Park Ave Fredericks	
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220. I certify that (I) (this hospital) attended the deceased from 2pt 19 4 to 7126 19 52, that saw the deceased alive on 2pt 19 52, and that in (m) (our) opinion death accurred on the date and hour and from the cound above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 12c. DATE SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 300 Park Ave Fredericks 300 Park Ave Fredericks	
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Tames A. Frizzell M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 7/26 7/20 ADDRESS James A. Frizzell 300 Park Ave Fredericks 300 Park Ave Fredericks	ses stated
22d PHYSICIAN'S NAME (ITYPE OR PRINT) Tamos A. Frizzell 300 Parr Ave Fredevictiv	NED
Jamos A. Frizzell 300 Park Ave, Frederickil	6/82
22. BUIDIAL CREMATION REMOVAL TO DAY. 122. NAME OF CRUSTON OF CRUSTON OF CRUSTON	4d21
	STATE
Burial July 29,1982 Marvin Chapel Plane No.4, Frederick	, Md.
of the Paragram of the Molesworth, P.A., Damascus; Md.	Them

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

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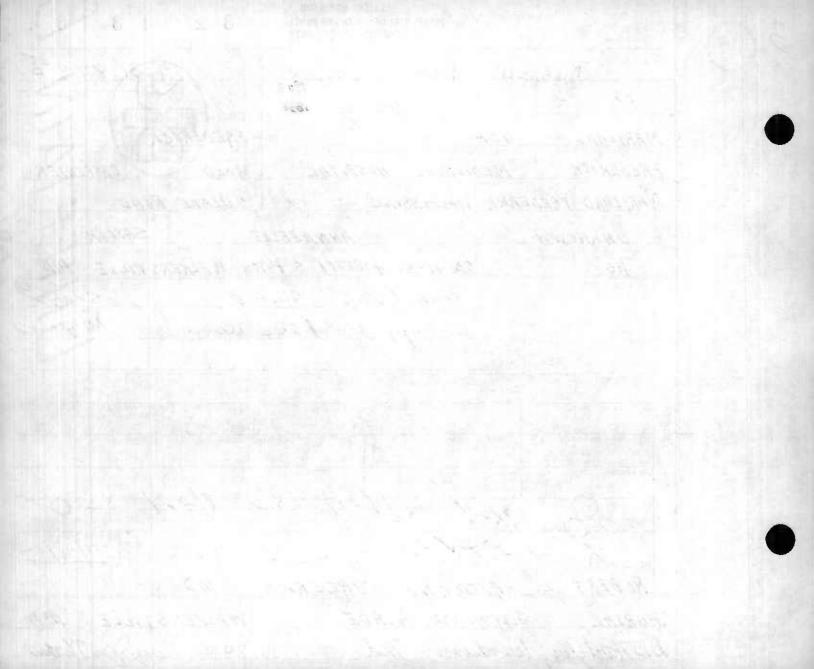
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FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	2 REG. I	NO.	8	4	8
1. DECEASED NAME	FIRST	MIDDLE	LAS1	20. DATE C	DE DEATH	MONTH	DAY	YEAR	2h HO

1.	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	REG. NO.	8 4	8 3
	CEASED NAME FIRST	WIDDLE		ASI	20. DATE OF DEATH MONTH	DAY YEAR 2	b HOUR
	STev	e NMN		Salas	7/20/8	72	2 05
3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
	Male	White	MONTH 8	3 1930	51 yr	1 1 1	HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	L CITIZEN OF WHAT COUN	TRY? B	D M NEVER MARRIED	9 BALTIMORE CITY OR COU		
	rizonia	USA	WIDOWE		Frederick (County	ME
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF E	
_	rederick	Frederick N	Memoria	l Hospital	Military	TT C	Navy
130.	At RESIDENCE (IF NURSING HOME OR OF STATE 13b. COUN Fred	other institution give residence in the control of	IOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 8911 Yello	ow Spring	s Rd.
	ATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NA	ME		310 2001
	Vincent		las	Antonia	MIDDLE	Perea	
160 V	WAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDRESS		
- (Yes No OR UNKNOWN) (IF YES GIVE 1948	/1969 555-3	14-9114	Jerome Off	utt Fradani	econd Str	
	18 CAUSE OF DEATH (Enter only			0			LE INTERVAL SET AND DEATH
	PART I, DEATH WAS CAUSED	BY:	en a h	3 Arual	Say brown	O	SET AND DEATH
	5724 MMEDIATE		0		O VC - V D- GO		
	Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF				
	gove rise to immediate	(p)					
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF				
	DARK 2 OTHER CICALIFICANT CO	(c)					
NO	PART 2 OTHER SIGNIFICANT CO	SINDITIONS CONTRIBUTING	2 TO DEATH BUT	NOT KETATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	280 AUTOPSY? 286 IF	YES, WERE FINDING	SUSED
FE					IN CE	RTIFYING CAUSES OF	F DEATH?
ERT	21a ACCIDENT WAS UNDERLYING	716 TIME OF INJURY		71c HOW INTURY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEM		NO []
	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	IN THE WAY OF CORR	CED TENTER NATURE OF INJURY IN HEM	18 PART (ORPART2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
MEC	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK				212		
	220.1 certify that (I) (this hospital	al) attended the deceased fr		. 19	f. 10 11 70		at (I) (we) los
	saw the deceased alive an above, (1) (we) (did) (did not)	view the body after death.	19	nd that in (my) lour) aporton o	death accurred an the date and	hour and from the car	uses stated
	72E SIGNATURE			DEGREE		22c. DATE SIG	GNED
	1144	resy	C	ATTENDINO	MEDICAL STAFF	17/2	2(8)
	274 PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRESS		1-11-	106
	1/41/10	Stur WILL	i	KIKT	of House	HLD -	
23o. B	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	74	
- (Burial	1 1 1		ven Mem.Gar	CITY OR TOWN	Frederic	Is MA
24. FL	UNERAL DIRECTOR			25a DATE		HSTRAT SICING	K, MO.
	NAME	1621 Ope	ssumto	wn Pike MA	2 8 1982	me Jan 12	John.
	G. Douglas St.	auffer Fred	erick	_Md	- N O 120L		

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				STATE OF MARYLAND			
(M.B)	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	184	8 4
M)		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
ctor, pag	3. SE	× m	4 RACE W	5. DATE OF BIRTH 1903 MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DATS	IF UNDER 14 HRS
72 haur	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		R COUNTY OF DEATH	
d within		MARYLAND ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 126 KIND OF	F BUSINESS OR
lbe file	USU	REDERICK AL RESIDENCE (IF NURSING HOME OR STATE 113b. COUN	POTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13. CITY OR TOWN		WOOD 13e STREET ADDRESS	CARPE	NTER
should ner fine	1		DERICK WALKERS		7 GLADE	ROAD	9 . 10
O (\$ / 50		UNKNOWN	MIDDLE LAST	ANNABEL	2E	SAYLOR	
Poges		VAS DECEAŠED ĖVĖR IN U.S. ÅR. YES. NO ORUNKNOWN) (IF YES. GIV	MED FORCES? 16b. SOCIAL SECUR	17 INFORMANT S PETTY S P	ADDRE	ERS VILLE	mn
opers.			nly one couse per line for (a), (b), and	ICI A	7 "		MATE INTERVAL PASET AND DEATH
rbanp ar remo			TE CAUSE (o)	Vane. Dead	dert	51	lays
otion, o		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ing Early Vor	c. eliane	10	year
other t		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF			
bourio ury, or	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
1119	CERTIFICATION	196 DATE OF OPERATION	198. CONDITION FOR WHICH O	DPERATION WAS PERFORMED	78s AUTOPSYS	206. IF YES, WERE FINDING CAUSES	GS USED OF DEATH?
10 to	ERTIF	TIE ACCEPTAT WAS EMPERORING [7 216 TIME OF INJURY	Tay, wow is new person	TES NO	YES []	NO []
19		OR CONTRIBUTING COLOR OF DEA	HOUR AM MONTH DA	Y YEAR	WHEN THERE NATURE OF HIGH	A SA VANCE AND LOS AND TO	
nd Ste	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY 141 HOWE STREET FACTORY OFFICE FA	ZII LOCATION	ENT DE 10	en) EDUNT	STATE
morke		22s.1 certify that (I) this hospit	tall offereded the defected from	1/21/ 8	2 7/2	11.82	7
21 h		tow the decomposition on	1 view the body offer death	Z any that (Imy) our) opinar	n death accurred by the dia	ate and hour and from the c	outes stated
Dept		22h SIGNATURE	1921	DEGREE	A MEDICAL STAF	774. DATES	IGNED
A 1 5	1	274 PHYSICIAN'S NAME (1916-0	Man A augs	The ADDRESS	DIRECTOR PHYSIC	IAN []	24/82
# the		ROBERT L.	KAVEMANA	FREDERICI	r mo		
233	23e.	FURIAL CREMATION, REMOVAL	73b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	DE LOCATION	COUNTY	43476
5044.4.55	24 F	JURIAL JNERAL DIRECTOR	NULY 29-1982 C	LADE	ATE REC'D BY REGISTRAD	PS V/LZZ 25b REGISTRAR'S SIGNATU	MD)
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STAGE	i sex		I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR. I	F UNDER 2		RONOU!		MON 7	25	AY YEAR	7:25A
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69	FOREIGN	COUNTRY)		U.S.A.	HAT COUN	ITRY?	* MARRIE WIDOWI	ED NEVI	ER MARRIEI	D 🖭		EDER!	_	COUN		. MD
64		reder		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			ION	FOR M	AL OCCU OST OF WOR NONE	PATION (TYPE OF WO	ORK 12b	KIND OF BU OR INDUST NON	RY
52	USUAL RE: 130. STATE		IUIL OUN	or other institution, G NTY Kland	13c CITY	or town	P(N)	13d INSIDE CITY	Y LIMITS?		et addri	ESS				
nL		R'S NAME		J. Se	nator	LAST		15. MOTHER	S MAIDEN ST		^	MIDDLE	Ar	boli	LAST	
Noision	16a. WAS	DECEASED	EVER IN U.S. AR			CIAL SECURITY	NO.	SHIEM			Fune	DDRI		- O.L.L.	110	
3	(YES, NO	O, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	non			RYNYE						.Va.		
	> 18.	CAUSE OF	DEATH (Enter or	nly one cause per line						11	(the	In h		8	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. —		Condition	s, if ony, which		AS A CON	ISEQUENCE ()F									
ATAL OR RE		gave rise	to immediate	(b)	AS A CON	ISEQUENCE C	NE .							-		
, NO		lying cous		(6)	AS A COI	ISEQUEINCE C	/r									
		T 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITION	GIVEN IN PART	1 (0)		-				
Ž	CERTIFICATION 130°	DATE OF 0	OPERATION	19h CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORM	AFD?					12	0. AUTOPSY	2
N N	FIC					THE TOTAL		TO LIN ON						1	YES 🔀	(HO)
2 -	210		. CAUSE WAS	21b. TIME O		D.W. W.	21c. HC	W INJURY O	OCCURRED	LENTERN	ATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)	123 (3)	6057
3		DERLYING NTRIBUTIN	☐ OR G ☐ CAUSE OF	DEATH 4:30xx		DAY YEAR 1982	pass	senger	in a	uto/	auto	coll	lisio	n		
Ž	21d.	INJURY O	CCURRED	21e PLACE		[AT HOME,	21f. LOC	CATION								STATE
<	AT AT	WORK -	NOT WHILE	roac			Rt#3	340Sou	th of	Cha	rles	town,	, Wes	t Vi	irgini	a
AND, 21201 PRIOR TO BURIAL, C		22a. I certify	y that I taok char	ge of the remoins de	scribed abo	ive, held an	Autops	y □ X (HeadO	nly)	Inquiry		and in m	ny opiniai	n	
\$	de	oth resulte	d from: Notu	orol causes .	Accident	XX, Sui	cide .	, Hamicio	de 🔲 ,	Undete	rmined m	anner [],			
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ORE,		NATURE_	Jugin	u knou	24		M.	DU2212	vant	MEDI	CALEXA	MINER		GNED_	- 1/2	.57.52
ALTIMORE, MARM		AMINER'S N PE OR PRIN	NAME V	irginia L	Dola	an.MD.		ADDRESS	111			et,Ba	alto.	MD 2	21201	
- A	23a.BURIA (SPECIF	L CREMAT	ION, REMOVAL	7/29/82		st Nv			RY	23d LO	cation brown t Nya	ole		COUNTY	S 3.7	TATE Y.
-		RAL DIRECT	FOR	1/27/02	Ine	SU NY	ack C		So. DATE RE	_	-		ISTRA	No S GN	ATURAZ	don
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The state of the s

Smith, Keeney and Basford Pufferal Home

106 East Church Street, Frederick, Nd. 21701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h. HOUR

12h KIND OF BUSINESS OR

Weldon

APPROXIMATE INTERVAL

NO [

STATE

own farm

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Md.

COUNTY

77 DATE SIGNED

DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

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signed by the attending physicion and completely filled in by then please remove carbonpopers. Pages 1 and 2 should be filed

should be detoched for use as the burial-transit permit. Their please remove corbor with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rer IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other trau

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

	FOR - STATE REGISTRAR			CERTIF	IEALTH AND MENTAL HYC	REG. N	10.	8 4	8	8
	TSO	19C P94	WIDDLE	Sigle	r, Sr.	20 DATE OF DEATH	7 - 7	7-82	26. HOL	JR 25 N
3. SE	Male	4 RACE	$W_{ m hite}$	5. DATE O		6 AGE (IN YEARS LAST BI	YRS	IF UNDER I YEAR	IF UNDER	MIN.
	IRTHPLACE (STATE OR FOR COUNTRY) Virginia	US	WHAT COUNTRY?	WIDOW		P BALTIMORE CITY				MD
	Frederick	Frede	ch Facility, give street a	oria:	ROTHER INSTITUTION L Hospital	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Welder	ION	12b KIND C		
130.	Maryland	HOME OR OTHER INSTITUTION COUNTY Frederick	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Knoxvil	4	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Route 2	, Box			
16a \	ATHER'S NAME FIRST JULIUS WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	MIDDLE Vincent U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	Sigler 166 SOCIAL SECUR		15. MOTHER'S MAIDEN NA FIRST Mildreg 17. INFORMANT Edna Sigle	Ann ADDR	Rout	Stone te 2, E	eber Box	232
NO	Conditions, if ony, we gove rise to immed couse (0), stating underlying couse	MEDIATE CAUSE (o)	OR AS A CONSEQUE	NCE OF	Visalen A	Cediff Pidsolos M INALDISEASE OR COM	MUITION GIVI	5	Harring Grand	DEATH DEATH
TIFICATI	190 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIFY YES	, WERE FINDIN	OF DEAT	TH?
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTEY MEDICAL) 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH HOUR A EXAMINER) P		19	21c. HOW INJURY OCCURI 21L LOCATION STREET		JRY IN ITEM 18. PA			SIATE
	27d. PHYSICIAN'S NAMI	died not I view the body	after death.	(82)	ATTENDING PHYSICIAN 27e ADDRESS	J Sinceron E Timos	FF CIAN []	224 DATE		we) lost
	BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL 23b. DATE	23c. N		EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN		county Vi	of the	TATE
24 Ft	uneral director Williams F1		ADDRESS		25a DAT	E REC'D. BY REGISTRAR L 1 4 1982		yand	URE	

Brunswick, Md.

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	,	FOR - STATE			DEPART		OF MARYLAND EALTH AND MENTAL HYO	GIENE 8 2		8 4	8 9
		REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		
		CEASED NAME OR PRINT)	FIRST		VIDDIE	i.	ast	2a. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
1			Donal		Leon		ewart		7	2 82	8:20pm
(N)	3. SE.		4.	RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	1	Male		Blac		12	30 54	27	YRS		
26	5. 3	RTHPLACE (STATE OR I	FOREIGN 76	. CITIZEN OF Y	WHAT COUNTRY?	MARRIE	NEVER MARRIED X		erick C		MD
1		rederick	TH II	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION 1 Hospital	12a USUAL OC		12b. KIND C	stry
36	13a. S	AL RESIDENCE (IF NURS STATE aryland	ING HOME OR OIL 13b. COUNTY Frede	1	GIVE RESIDENCE BEFOR 134. CITY OR TOW	/N !	138 INSIDE CITY LIMITS? YES NO X	13. STREET AD 4102	A Ijam	sville	Rd.
eu la	14. FA	ATHER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME	460DLE	145	
		Percy			Stev	vart	Ursula	Vi	rginia	Tho	mpspn
medico	16a. V	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARME		216-60-		Ursula Ste	ewart 4	102X Ija	amsvil	
, the		18 CAUSE OF DEAT	H (Enter anly	one cause per				0 1	jamsvil	APPROX	MATE INTERVAL
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umatic e		4100 Candilians, if any	which	DUE TO, OF	ASA CONSEQUI	ENCE OF	al Inc	antio	~	1/	7
other tro		gave rise to immoduse (a), stating underlying cause	ig the	DUE TO, OF	AS A CONSEQUI	ENCE OF	n knou	m			
njury, ar	NO	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	R CONDITION GIV	EN IN PART 10	
dws ony	CERTIFICATION	190 DATE OF OPERA		196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPS	IN CERTIF	WERE FINDING CAUSES	
2		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR		E OF INJURY IN ITEM 18. P	ART I OR PART ?)	
ked or I	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE C			21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
Z 1 15 mg		22a.l certify that (1) saw the decease	(this hospital		1	12, on	d that in (my) (aur) apinian	death accurred a	on the date and hou	19 <u>82</u> , and from the	tho (1) (we) lost
II. If Ifem		Morn	o Ale	Elbin	en	m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	220. DATE 2 12	ly 82
Y A		22d. PHYSICIAN'S NA	AME (TYPE OR PE	Rent)		-213	22e ADDRESS				0
S C S		Merris	A. Wi	lkins	on MD		707 N. Ma:	rket St	., Fred	erick.	Md.
	23a. E	BURIAL, CREMATION, (SPECIFY) Buria	-	7/7/8			metery or crematory er U. Meth	Cem Ti		e Fred	erick.
81	24 FU	JNERAL DIRECTOR			1 Opess		Inc. DAS	E REC'D. BY REG	ISTRAR IN REGIST	AR DIGNAT	OR MANAGEMENT
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(a/x)	FOR STATE REGISTRAR					AND MENTAL H	YGIENE 2	1 8	490
the simples	1. DECEASED NA (TYPE OR PRINT)		enda	Lee	STO	TLER	26. DATE KNOWN OF ESTI- DEATH MATED	MONTH C	8 1982 AM
	J. SEX Female	4. RACE White	5. DATE OF BIRTH MONTH DAY July 19,	1 9 6 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(IN YEARS IF UN BIRTHOLAY) MONTH		24 HRS. 2c DATE MIN. PRONOUNCED DEAD		OAY YEAR 2d. HOUR
IS NECESSAR E FUNERAL E S FOR Y ED, WITHIN	70. BIRTHPLACE	(STATE OR	76 CITIZEN OF WI	HAT COUNTRY?	T. C.	ED NEVER MARRI	9 BALTIMORE CITY		
ELAY IS N TO THE FU I PAGE 5 BE FILED, V	Freder	ck	Md • R	ELITY, CIVETREET ADD	lountvil		126 USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) Sales Rep	TYPE OF WORK 12b	b. KIND OF BUSINESS Plastics
AND 3 AND 3 RETAIN RECORD	USUAL RESIDENT 130. STATE Marylar	113b. COU	or other institution, Gi NTY derick	13c CITY OR TO Jeffer	DMISSION) WN SON	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS Droad	Run Rd	•
SESTH. II	14 FATHER'S NA		WIDDLE	Shoema	aker	15. MOTHER'S MAIDE Rosi	• MIDDLE	Unkno	
AFTER DESIGNED AGES 1.	160. WAS DECEA (YES, NO, OR UN)	SED EVER IN U.S. A	RMED FORCES?	219- 72	2- 8 5 73	Mr. Kenne	eth W. Stotler		Broad Run Ro rson, Md.
F VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS MORD "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO THE FE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE. BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED NIT OF HEALTH AND MENTAL HYGIEINE, DIVISION OPVITAL RECORDS 201 V BURIAL, CREMATION, OR REMOVAL.	gave cause lying o	IZO IMMEDI. tions, if any, whice rise to immediat (a) stating the under cause last. R SIGNIFICANT CONDITION	b (b) DUE TO, OR (c) (c)	AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO TH	NCE OF	OR CONDITION GIVEN IN PAI	ξ 1 (a		
MEDICAL EXAMINER: THIS CERTIFICATE CUTE THE CERTIFICATE, WRITING THE THE SEA SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE DEATH, WITH THE STATE DEPARTMENTE. TIMORE, MARYLAND, 21201 PRIOR TO	210. EXTER UNDERLYI CONTRIBL 21d. INJUR WHILE AT WORK 220. Lee death res ACTUAL SIGNATUR EXAMINER (TYPE OR F	ertify that I took cho ulted from: Not RE	rge of the remains desugal causes	Accident A. Accide	an Autop: Suicide M	ATION Reth S y Inspection Hamicide TITLE (SPECIFY) D. Deputy ADDRESS	Inquiry Undetermined manner MEDICAL EXAMINER 812 Tol1 House Frederick, Me	and in my apinic	7/18/82
Bb——— BATT PRE 7	230.BURIAL, CREA (SPECIFY) Buria 24. FUNERAL DIF		23b. DATE 7-22-8		sboro C	emetery	23d. LOCATION CITY OR TOWN BOONSboro, REC'D. BY REGISTRAR 125b. RE		Co., Md.
DHMH - 17 (VR A15 ME (5))		H. Bast,	Jr. Boon	sboro, M	d. 2171		1 21 1982 Fran	us Jan	Marthen

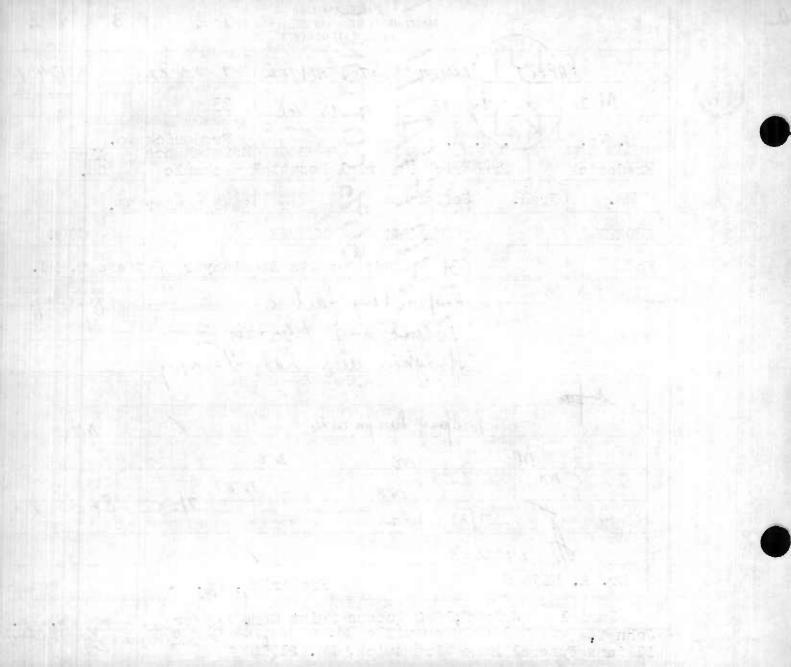
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STATE OF MARYLAND

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M		1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8	2	18	4	9 2
	9 75		REGISTRAR CEASED NAME ORPRINT	BERT	SAM UEL	ST	OUTAMY FI	2 20 DATE C	REG. NO.	DNTH DAY	YEAR	26. HOUR
	00e 4 moy	3. SE	Male	4 RACE	WHITE	5. DATE O	DAY YEAR	33	YEARS LAST BIRTHE	YRS.	ER I YEAR	IF UNDER 24 HRS
	or deoth. P		RTHPLACE STATE OR FOREIG COUNTRY) W. Va. TY OR TOWN OF DEATH	Th CITIZEN		WIDOWE	NEVER MARRIED DIVORCED OR OTHER INSTITUTION	Fr	ederic tenanc			MD.
21201	hours offer be filed w	et is it.		OME OR OTHER INSTIT	IN SUCH FACILITY, GIVE STEED OF THE METERS OF THE STEED O	emoria en admissioni	al Hospit	al mec	hanic	ORKING LIFE) IN	CO.	1910M
RYLAND 2120	within 24 letely filled d 2 should d 2 should	14. FA	THER'S NAME	red.	refrers		13d INSIDE CITY LIMITS YES NO 1	NAME	ADDRESS Lande	er Rd.	LAST	
AORE, MA	ond comp Poges I on	14 1	UDREY VAS DECEASED EVER IN U LES NO OR UNKNOWN (IF Y	S. ARMED FORCES. GIVE WAR OR DA			MYRTLE 17 INFORMANT Juanita S		ADDRESS	Jeffer	CÖ	
ST., BALTIMORE	g physicion conpopers. P removol.		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter only one caus AUSED BY: EDIATE CAUSE (Vanhin	d IC	r failure	·	yer (ATE INTERVAL
PRESTON	ne deoth ci emove cort mation, ar		Conditions, if ony, which gove rise to immedia	te)	O, OR AS ACONSEQUE	ona	eng fibe	Asis	-		1	
5, 201 W.	gned by the notes of the please of the pleas		cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER	st /	O, OR AS A COMSECULAR CONTRIBUTING TO	DEATH BUT	aud Re	Liolhe ERMINAL DISEAS	SE OR CONT	ION GIVEN IN	PART lia	
DIVISION OF VITAL RECORDS,	te low require. In. hos been signification to the permit. The prior to the prior	CERTIFICATION	THE DATE OF OPERATION	19b. C	ONDITION FOR WHICH		N WAS PERFORMED	ZOa AUT	OPSY?	Ob. IF YES, WER	CAUSES	F DEATH?
I OF VITA	SICIAN: The physician properties of physician in a properties of the properties of t		21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DE THOU	ME OF INJURY R. A.M. MONTH D P.M.	11	21¢ HOW INJURY OCC	URRED (ENTER N		YES	1	NO []
DIVISION	JING PHYS	MEDICAL	21d INJURY OCCURRED	(AT HO)	ACE OF INJURY ME, STREET FACTORY OFFICE	ARM, ETC.)	211 LOCATION STREET	NO	CITY OR TOWN		YTMUC	STATE
	OR ATTENDE e hospital of DIRECTOR: oched for uss Dept. of Hea		220-1 certify that (1) (this sow the deceased all abave, (1) (we) (did) of 22b. SIGNATURE		1 7		d that in (my) (our) opin	on death accurr	ed on the date	and hour and f		
	TO HOSPITAL O retoined by the TO FUNERAL D should be detect with the Stote D IMPORTANT: IF I		22d PHYSICIAN'S NAME (Dr. A. M.	WWW TYPE OR PRINT)	ray?		22e. ADDRESS	DIRECTOR				
	or o	23o. B	URIAL, CREMATION, REMO	DVAL 236. DAT	75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	NAME OF C	Freder	23d. LOC	ATION	COUN	eTy	STATE
	BP		onneror 11iams Fun	10	O Petersv	ille		em Ke	yser PEG982 25	AGISTEAS.	Keek	Va.



STATE OF MARYLAND

	- STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	10473
	I. DECEASED NAME (TYPE OR PRINT) FRANK	THOMAS S	ULLIVAN	20 DATE OF DEATH	MONTH DAY VEAR 26 HOUR C. W.M.
	MALE	WHITE 53	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 14 MRS MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) WASHINGTON. D.C.	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	FREDER	RICK COUNTY MD.
f	FREDERICK. F	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REDERICK MEMORIAL H			ON 12b. KIND OF BUSINESS OR INDUSTRY GINEER U.S.GOVT.
	USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE 130. COUNTY REDERI	13c. CITY OR TOWN	13d Inside City Limits?		VNN BURKE ROAD 21770
1	TERRENCE MIDE	D. SULLIVAN	JOSEPHINE	MIDDLE	FEALY
	16a WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W. YES WW I		PATRICIA JEA	AN NETHERY	SAME AS 13
	Conditions, if dny, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	ITION GIVEN IN PART 110
90	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
-	OD CONTAINING TO CHIEF OF STAIN	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2}
	OR CONTINUUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
	27a certify that (1) (this hospital) sow the decoased alive an above (1) (we) (flid) (did not) vi	7- 29 19-82. on	nd that in (my) (our) apinion d	, to	te and hour and from the causes stated
0	276. SIGNATURE	. Arabon . o.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	ARTHUR G. MA	FARALO, M.O.	GALLEN VALLE	y MONRE	ria . ml. 21770

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

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MPORTANT: IF IL should be detact

230. BURIAL, CREMATION, REMOVAL

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN
SILVER SPRING

MONT

MD.

BURIAL 8/2/82 GATE OF HEAVEN
ALDIRECTOR FRANCIS J. COLLING.
ALDIRECTOR FRANCIS J. COLLING.
BURIAL 8/2/82 GATE OF HEAVEN
BLOWN BLVD., W., SILVER SPRING, MD. 20901 24 FUNERAL DIRECTOR

Texas on a series and the series of the

106 E. Church St., Frederick, Md. 21701

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2b. HOUR 8 5 IF UNDER LYFAR 9 BALTIMORE CITY OR COUNTY OF DEATH Frederick County. Concrete Equipt. Oper. 13e. 207 ASRESS Jefferson Street Blickenstaff Summers, 207 So Middletown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 82, and that in (our) apinian death accurred on the date and haur and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1y7_1982 Resthaven Mem. Gardens Frederick Frederick 25 Mirther Basford P. A. Funeral Rome 25 DATE REC'D. BY REGISTRAN 106 E. Church St. Frederick Md. 21701

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

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196 E. Church St. Prederick For 21701 My 6 1382

STATE OF MARYLAND

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Douglas Stauffer Frederick

FOR

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

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X	11-	FOR		DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	1 2	18	0 7
	1'	REGISTRAR	MI	EDICAL EXAMI	NER'S	CERTIFICATE C	OF DEATH REC	G. NO.	-1	7 1
		ECEASED NAME FIRST		WIDDIE		LAST	20. DATE KNOW		DAY	YEAR Zb. HOUR
MATERIA DE	(TY	PE OR PRINT)				11	OF ESTI-			
E8E8E		Brend		L.		Vandevere	DEATH MATE	,		32 M
岩板正名様	3 SE	X 4. RACE	5. DATE OF BIRTH		DAY) MONT		R 24 HRS. 2c DATE MIN. PRONOUNCED	HTHOM	DAY	YEAR 24 HOUR
(3B/K)	F	emale White	5 25		YRS.	NO DATS HOURS	DEAD	7	10 10	32 P M
Manager Service	To B	SIRTHPLACE (STATE OR		WHAT COUNTRY?	8	(50 M) (5) (50) (100	9. BALTIMORE CI	TY OR COUN	TY OF DEA	
の場合なる		oreign country) Maryland	101 37 5	USA	WIDOW	IED NEVER MARE		ick Co	untu	
Z2003 -	10.0	TITY OR TOWN OF DEATH	IT NAME OF HO	OSPITAL NURSING HOA			120. USUAL OCCUPATION			MD.
× # 9 # 8 / 1	1		IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS			FOR MOST OF WORKING LIFE)	ORIN	DUSTRY
D. 21201 IF ANY DELAY IS. 2, ANY DELAY IS. 3. RETAIN PAGE SHOULD BE FILED A. RECORDS. 201		Thrumont		& Little Hu		Creek	Housewife		Но	me
ONE ONE		AL RESIDENCE (IF IN NURSING HOME STATE USE COU		13c. CITY OR TOWN	SION)	138 INSIDE CITY LIMITS?	13e STREET ADDRESS			
AND AND RETAIL	D	elaware New	Castle	Newark		YES NO	897 Marro	we Rd		
MD.		ATHER'S NAME		1 HOWAL II		15. MOTHER'S MAID	EN NAME	WS III	-	
	1	FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAST	
6 20 X	14.	Stanley WAS DECEASED EVER IN U.S. A	D.	Root	TV NO	Mary 17. INFORMANT	. ADD	nece	Bac	ylon
OES OF PAR	100.	YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				897	Marr	ows R	d.
BALTIMORE, SS AFTER DEA! GIVE PAGES ITH FORM PI PAGES I PA		140		1270-00-	7802	James Va	andevere New	wark	Dela	ware
: 5° 8 ≯ F. O	7	18 CAUSE OF DEATH (Enter o	nly one cause per lis	ne for (o), (b), ond (c).)				,	APPRO	NONSET AND DEATH
PRESTON ST THIN 24 HOU JER ALONG ANSIT PERMI AL HYGIENE, REMOVAL:		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Multiple In	iurie	S			561116	
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		814		R AS A CONSEQUENCE	-					
HIN HIN KES		Conditions, if ony, which								
ANTHI NCIL I NCIL I NER RANS RANS REA REA REA		gove rise to immediate couse (a) stating the under								
201 W. UTED W. IN PEN EXAMI		lying couse lost.	DUE 10, 0	R AS A CONSEQUENCE	OF					
			(c)							
RECORDS De E EXECPENDING MEDICAL OF ALS A BUILD OF A		PART 2 DIHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	N RUT NOT RELATED TO THE TEL	MINAL DISEAS	E OR CONDITION GIVEN IN P	ART I (a).			
RECOI D BE E PENDIN MEDIO AS A CREALTH	No.									
DIVISION OF VITAL REC THIS CERTIFICATE SHOULD E WRITING THE WORD "PEN VARDED TO THE CHIEF MA AGE 3 SHOULD BE USED A FATE DEPARTMENT OF HEA ZIZOT PRIOP FLOAT	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUT	OPSY?
TA POPUSE NAME OF STATE OF STA	1 %	F							VEC	X NO
OF VITAL ATE SHOUNTER WORD "THE CHIEN OF USER MICH OF THE TO BURIAL	H H	216 EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY	21c Hr	OW IN IURY OCCUPE	ED LENTER NATURE OF INJURY IN IT	FM TR PART I OR I		W NO L
○ X##5#6	5 5	UNDERLYING DOR	HOUR A	M MONTH DAY YEA	AR				AK1 2)	
O PER CAR	1 5	CONTRIBUTING _ CAUSE OF			2 pe	destrian s	truck by auto			
BIVISION S CERTIFIC RITING THE REDED TO SE 3 SHOUL TE DEPART.	MEDICAL	21d INJURY OCCURRED	STREET EA	OF INJURY (AT HOME		CATION	CITY OR TOWN	C	OUNTY	STATE
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RW RW STV						19.4		Freder	ick Co	o., Md.
A S S S S S S S S S S S S S S S S S S S		220. I certify that I took char							pinion	
WE RESIDENCE		deoth resulted from:	urol couses 🔲,	Accident , S	vicide	, Homicide .	Undetermined monner	XJ,		
A WILL CER		ACTUAL 14	100 A -	A . chl . a	10	TITLE (SPECIFY)				
A H P P P P P P P P P P P P P P P P P P	4	SIGNATURE	MUNTO	megane	W_M	.D. Assistar	MEDICAL EXAMINER	DATE	ED 7-	11-82
DEA SET			1							
E S C S S S S S S S S S S S S S S S S S	4	EXAMINER'S NAME Mar	garita A.	Korell, M.	D.	ADDRESS III	Penn Street			
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFITER DEATH, WITH THE STATE DER BATTIMORE, MARYLAND, 21201 PR	23 a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	723c. NAME OF C	EMETERY C		23d LOCATION		DOM:	COMP.
		(SPECIFY)	7/14/8						Into a	NATE - 11472
BP		remation UNERAL DIRECTOR	// 14/0	2 Smiths	ourg.	Cremator	rilum Smi	FGENT	11	M. Md.
DHMH - 17	1	NAME	10	4 E. Main	St.	1111	11	me Sta	-	-
(VR A15 ME (5))		Douglas St	auffer	Thurmont	Md.	2178 UL	21 1982	V		

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	alter the French			
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

184

REGISTRAR			CERTI	FICATE OF D	EATH	REG.	NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) THERES	A	MIDDLE	W	ALLAC	E	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
3. SEX FEMALE	4. RACE	HITE	5 DATE		YEAR 95	6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
MARYLAND		WHAT COUNTRY?	8	ED NEVER A		9 BALTIMORE CITY FREDER I			M
IN CITY OR TOWN OF DEATH FREDERICK	11. NAME OF I	HOSPITAL, NURSING HEACILITY, GIVE STREET A COLLEC	GE AV	ENUE	ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEMAKE	ATION IT OF WORKING LIFE)	126 KIND	OF BUSINESS OR
14. FATHER'S NAME FIRST	OWARD	MT. AIR	4	13d. INSIDE C YES 15. MOTHER'S	NO 🙀 MAIDEN NA FIRST	MIDDLE	_	LA	51
JACOB 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	HAUG 16b. SOCIAL SECUE 213-10-		17 INFORMA		ADD		AIRY,	NAMANN MD. ICK ROAD
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED	TO THE TERM	NNAL DISEASE OR CO	ndition giver	N IN PART 1	01
NO 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH (OPERATIO	ON WAS PERFO	RMED	200 AUTOPSY?			NGS USED S OF DEATH?
11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURED WHILE AT WORK AL WORK	P.J. PLACE	m, month da m,	19	211. LOCATIO	36	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	COUNTY	STATE
22a. I certify that (I) (this has sow the deceased alive a obove, (I) (wa) (did) (did in 22b. SJGNAT RE	not) view the body	10	٣٧ .	DEGREE	TTENDING HYSICIAN	death accurred on the	AFF	22c. DATE	
Arthur G. Ma	malo ,M. D		VIIIE DE		Valle:	y, Monrovi	a, Md. 2	21770	

DHMH - 16 50M 1/B1 (VRA 15, 4) BURIAL 07-20-82 MEADOWRIDGE MEM.

14. FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250 DATE REC'D. BY REGISTRAP 356. REGISTRAP 360. THE DILL 20 1982 Constant and the second sec

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Green Valley, Monrovin, Md. 21779

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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	REGISTRAR			LAST		MONTH DA	NF	7
	CEASED NAME FIRST	MIDDLE			20. DATE OF DEATH	MONTH	YEAR	26 HOUR
	TRANCE!			ARFIELD	JUL.		1985	6:301
. SE		4. RACE	5 DATE (6 AGE (IN YEARS LAST BIR	HOAY) If	FUNDER I YEAR	IF UNDER 24 HE HOURS MI
	Female	White	Sept	. 16, 1929	52	YRS	JIVINS DATS	HOURS I M
a. BI	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY O			10
	°Maryland	U.S.A.	WIDOWI		Frederi	ck Co	unty,	
	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATE	NC	126. KIND O	F BUSINESS
	Frederick			al Hospital	Secretar	y WORKING LIFE)	Cons	t. Co
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		IDENCE BEFORE ADMISSION) TY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M	arvland Fr	ederick Fr	rederick	YES X NO	506 Schl	ev Av	enue	
14. FA	ATHER'S NAME	MIDOLE	1467	15 MOTHER'S MAIDEN NA				
	Harry		Betson	Sally	MIDDIE	TO 4	A I de	T
16a V	WAS DECEASED EVER IN U.S. AI		CIAL SECURITY NO.	AT INTEGRALIANT	ADDRE	C C	elds	
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	15-26-207	7 Schley Av	les G. Wa e. Freder	rfiel	de 59	6 end
				Il benze, no	0.,110401	LOIL		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	D OV		.m. cman20.	in Halina	2 4 4 6 6		MATE INTERVAL
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		TE CAUSE (o)	assive in	NTRACERESR/	15 HE MOIS	(MAD C	36	1001
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	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A	CONSEQUENCE OF	N IRACERCEDICA	TE HEMON	(Myo C	26	NOOK
	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A (CONSEQUENCE OF					
NO	43/0 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A (CONSEQUENCE OF					
ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBU	CONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or cont	DITION GIVER	N IN PART 110	31
FICATION	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBU	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVER		IGS USED
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying cause lost. PART 2 OTHER SIGNIFICANT 198. DATE OF OPERATION	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBUTION FOR	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CONT 20a AUTÓPSY? YES NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	IGS USED
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBI 19b. CONDITION FO	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CONT 20a AUTÓPSY? YES NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	JGS USED OF DEATH?
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBI 19b. CONDITION FOR AS A (19b	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO RY ONTH DAY YEAR	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CONT 20a AUTÓPSY? YES NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	IGS USED OF DEATH?
	Conditions, if ony, which gave rise to immediate couse 10, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBUTION FOR CONDITION FO	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO RY ONTH DAY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE	INAL DISEASE OR CONT 20a AUTÓPSY? YES NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	JGS USED OF DEATH?
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	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying cause lost. PART 2 OTHER SIGNIFICANT 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CONTRIBUTION AUSE O	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c) CONDITIONS CONTRIBUTION FOR AS A (19b. CONDITION	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO RY ONTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) SSEEd from	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURF 21i LOCATION STREET 28 , 19 82- nd that is (my) (our) apinion	INAL DISEASE OR CONE 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV	206. IF YES, IN CERTIFYI YES Y IN ITEM 18 PAR	WERE FINDING CAUSES COUNTY COUNTY	IGS USED OF DEATH? NO STATE
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BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the haspital ar attending physician.

O HOSPITAL OR ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 77 with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, ar remayal.

"SWITTER Keeney bestord uneral Home 106 East Church St. Frederick, Md. 21701

ardens Frederick Frederick Md.

254 ATEACO. BY REGISTRAL SIGNATURAL MATERIAL STREET

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		FOR			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 2	18	500
	1.	STATE REGISTRAR			FICATE OF DEATH		G. NO.	, , ,
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEAT		EAR 2b HOUR
deoth		Jame	es He	RMAN	Weaver		7 308	212:58
1	3. SE	K	4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LA		YEAR IF UNDER 24 HRS
AM)		Male	Caucasian		ch 17, 1897	85	YRS	
STOP A	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8.	ED MEVER MARRIED	9. BALTIMORE CIT	TY OR COUNTY OF DEA	тн
		Pennsylvania	USA	WIDOW	OR OTHER INSTITUTION	Frederic		M
34			(IF NOT IN SUCH FACILI	ITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR M	OST OF WORKING LIFE) INDU	IND OF BUSINESS OF STRY
9 9	USU	Trederick AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RE	Memorial ESIDENCE BEFORE ADMISSION		Ret/Macl	IIIIISC	
100	1	ruland Fred		cederick	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	ethel Road	
iner		THER'S NAME			15. MOTHER'S MAIDEN NA		ether Road	
100	r	Pavid	MIDDLE	eaver	Florence	MIDD	Mil1	LAST
medicol	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	AC	T0711 Bethe	
medic		es WW	GIVE WAR OR DATES) 77 220	0-16-4072	Mrs Gladys I		Frederick,	
to buriol, cremijury, or other	N	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	((c)	CONSEQUENCE OF	T NOT RELATED TO THE TERM	AINAL DISEASE OR C	CONDITION GIVEN IN PA	RT 1(o)
ows ony in	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
Hygier 18 shov	ERTI	21g. ACCIDENT WAS UNDERLYING	C/O		21c. HOW INJURY OCCUR	YES NO		NO 🗌
I W .		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. M	MONTH DAY YEAR	The state of the s	TEMPER NATURE OF	THOUSE IN THEM TO PART I OR PA	K1 2)
E	2	21d. INJURY OCCURRED	21e PLACE OF INJ					
or Hem	8				211. LOCATION			
ed or Item	MEDICAL	WHILE NOT WHILE AT WORK	TAT HOME STREET, FAC	CTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY C	DRIOWN COUN	TY STATE
Mentol or Item	MED	22a I certify that (I) (this has	pital) attended the dece	ctory, office, farm, etc.)	STREET 19 D/		29 195	that (IV(we) los
of Health and Mental	MED	22a. I certify that (I) (this has sow the deceased alive above (I) (Ve) (did) (and	pital) attended the dece	cosed from	nd that i (our) opinion		29 195	that (IV(we) los
olth and Mental	M MED	22a I certify that (I) (this has	pital) attended the dece	cory, office, FARM, ETC) cosed from 19 00, 6	nd that in the control of the contro	to 7/death accurred on the	29 1950 ne date and hour and from	that (I) (we) loss
Dept. of Health and Mental	MED MED	27a. I certify that (1) (this has sow the deceased alive above (1) (Ne) (did) (Add-	pital) attended the dece	cosed from	nd that in (our) opinion DEGREE ATTENDING PHYSICIAN	, to death occurred on th	ne date and hour and from	the causes stated
a be defocined for use os the burior-the Stote Dept. of Heolith and Mentol RTANT: If them 21 is morked or them	A MED	22a. Certify the (his hos sow the deceosed oliver obove (i) (Ne) (did) (Add a Line of the Control of the Contro	pital) attended the dece	cory, office, FARM, ETC) cosed from 19 00, 6	nd that in (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the	ne date and hour and from	the (We) loss in the causes stated DATE SIGNED
he Store Dept. of Health and Mental RTANT: If Item 21 is marked or Item	V	22a. Certify that (his has sow the deceased alive above (h. (%e) (did) (&d.) The PHYSICIANA NAME THE PHYS	pitol) attended the dece	cosed from 19 00, 6	nd that in more (our) opinion DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS 4 West 7th S	death occurred on the	ne date and hour and from	the causes stated
Dept. of Health and Mental	23a. B	220.1 certify tot (1) (this hos sow the deceosed of your obove (1) (Me) (did) (Auda The Hernald Hernal	pitol) oftended the dece	crory, office, FARM, ETC) cosed from 19 00 , 6 death 123c NAME OF C	nd that it (our) opinion DEGREE ATTENDING PHYSICIAN PHY	MEDICAL DIRECTOR PH	ne date and hour and from	2. the (we) loss in the causes stated DATE SIGNED
he Store Dept. of Health and Mental	23a. B	22a. I certify tot (1) (this hos sow the deceosed oliver obove (1) (Ne) (did) (A.d.) The PHYSIC MANS NAME ITTE P. Gregory II URIAL, CREMATION, REMOVA	pitol) attended the dece	crory, office, FARM, ETC) cosed from 19 00 , 6 death 123c NAME OF C	nd that in (our) opinion DEGREE ATTENDING PHYSICIAN PHYS	deoth occurred on the deoth occurred or the deoth occurred on the	ne date and hour and from	2. the (we) loss in the causes stoted DATE SIGNED 2.1701 2.1701 2.1701

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*	8 25	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 8	501
	1		ECEASED NAME FIRST A	FANNIE PRINTE	WHITEHILL	20. DATE OF DEATH MONTH DAY 7 24	82 26 HOUR 4-30
	(M)	3. SI	Female	Caucasian	5. DATE OF BIRTH MONTH DAY Jan. 25, 1899	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24
•	leaths and no 72 in 72 i	E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA		9 BALTIMORE CITY OR COUNTY OF Frederick,	DEATH
100	by the further described with		raddock Heights	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY N. None
AND 213	filled in hould be	13a	STATE 13h. COUNTY IS A COUNTY	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Frederic	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 404 West 2nd Stre	eet
BALTIMORE, MARYLAND	ompletely ompletely ond 2 s	1	ATHER'S NAME FIRST Gregg	J. Strine	15. MOTHER'S MAIDEN NA Katharine	WIDDIE	Kaufman
TIMORE	be execu		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 214-10-1		113 Kline Bl nhart Frederick, M	lvd. 1d. 21701
-	g physicis on paper emaval.			nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a) ACUTE C	dien HROW RESPIRATORY	H MEREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
201 W. PRESTON ST	death ce attendin nove carb stian, ar r		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF CKROOV	Iscular DISEASE	YEARS
01 W. PI	that the d by the ease rem ial, crems		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	en signe Then pl or to bur	TION		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
AL RECORDS,	ion. the law ion. these being iene prisions any	TIFICAL	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, W IN CERTIFYIN YES NOX YES	ERE FINDINGS USED G CAUSES OF DEATH? NO

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE is hospital attended the decrased fram OL 220-1 certify that (1) saw the deceased a abave, (I) web (did) aur) opinian death accurred an the date and haur and fram the causes stated view the bady after death. 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF PHYSICIAN 120 ADDRESS
BRUNSWICK 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MINE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Frederick, Frederick, Md STATE Burial 7-27-82 Mt Olivet Cemetery

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-transwith the State Dept. of Health and Mental Hyg

ATTENDING

HOSPITAL

MPORTANT: If Item 21 is marked ar Item 18

1201 N. Market St. DATE REC'D. BY REGISTRAR Frederick, Md 21701 JUL 26 1982 E. Dailey & Son, P.A.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWN DATE (TYPE OR PRINT) ESTI-OF BARBARA 190 ANN WILLIAMS DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH & AGE (IN YEARS IE UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY HOURS PRONOUNCED FEMALE NEC RO DEAD 1965 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND US OF WIDOWED DIVORCED FREDERICK COUNTY II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS MIT PAGES I AND 2 SHOULD BE FILE.
E, DIVISION OF WITH RECORDS UNEMPLOYED FREDERICK FREDERICK MEMORIAL HOSPITAL 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND WALDORF AVENUE YES W NO [BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE RONALD WILLTAMS Me DONALD JACKQUELINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 2829 WALDORF MRS. JACQUELINE WILLTAMS NO CAUSE OF DEATH (Enter only one couse per limit APPROXIMATE INTERVAL A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) HEALTH, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 3 SHOULD DEPARTMENT (21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WRITING THE WARDED TO THE AGE 3 SHOULD B UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED CE OF INJURY 211. LOCATION STREET FACTORY, PARM, ETC.) STREET PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D AT WORK AT WORK 220. I certify that I took charge of the remains described above. held on Autopsy Inspection and in my opinion Homicide death resulted Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER Toll House AVE. EXAMINER'S NAME 21701 Frederick, Md. Robert Thomas, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE MD. 7/23/82 ARBUTUS KEMORIAL PARK BALTIMORE (BALTO.) BURIAL BP 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE 15M 2/80

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 injury, or other troumotic event, the medical exa

IMPORTANT: If them 21 is marked or them 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 5

	REGISTRAR				CERTIFIC	TEATE OF DEATH		REG. NO.			
I. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DE	EATH MONTH	DAY	YEAR	26 HOUR
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	Male		White		Aug	. 30, 1899 AR	82	YR	MONT	HS DAYS	HOURS MIN.
	IRTHPLACE STATE OF FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE			DEATH	
	Virginia		U.S	.A.	WIDOW		Fre	derick	Cour	nty,	MD
10 C	Frederick	Н	(IF NOT IN SUC	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION 1 Hospital	120 USUAL OC	R MOST OF WORKIN	NG LIFE) II	NIDHICTOV	OF BUSINESS OR
USU.	AL RESIDENCE LIENURSIN	IG HOME OR				I mospitai	Carpe	nter		Ka	liroad
130 3		36 COUN		Frederi	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	eldstor	ie Di	rive	
14. FA	THER'S NAME			1157		15 MOTHER'S MAIDEN NA					
	Robert	^	Lee	Wright		Annie	N.	lizabet	h	Ri	tchie
16a. V	VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	30	ADDRESS Thoma	C A.	ropus	
	YES, NO OR UNKNOWN)	Non	WAR OR DATES)	705-07-16	18	Guy Hopwood,	400	rederic			1701
CERTIFICATION	underlying couse	ediote the lost. FICANT C			EATH BUT	Chronic Obstantion NOT RELATED TO THE TERM	ICTUR A	R CONDITION Y? 206 IF	GIVEN II	RE FINDIN	NGS USED OF DEATH?
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	228.1 certify that (1) (t sow the deceased above, (1) (the) (dia 22b. SIGNATURE	olive on_	July	19.8	A S	nd that in (my) (aux) opinion of	to deoth occurred of		hour and	from the	
	22d PHYSICIAN'S NAM	AE ITYPE OR	PRINT)	1.	///[ATTENDING PHYSICIAN E	DIRECTOR	STAFF PHYSICIAN		11/0	1/82
	Dr. Bern	nard	O. Thom	as, Jr.,	M.D.	Frederic	ex Md	2170	1	9	
23a. 8	SECURIAL, CREMATION, RESECUTIVE TO A SECURITION OF THE SECURITY OF THE SECURIT	EMOVAL	236. DATE Jul 14			emetery or crematory ivet Cemetery	23d. LOCATIO CITY OR T Fred		Fred	unty eric	STATE Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR SMTth, Keeney and F 106 East Church St Basford Funeral Home t., Frederick, Md. 21701

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	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Pagined by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Landers
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	HOSPITAL OR ATTENDING PHYSICIAN: The low oined by the hospital or ottending physician.	FUNERAL DIRECTOR. After this certificate has been signed

	1 DEC	CEASED NAME FIRST	MIDDLE		TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOU
		Luthe:			an, Jr.		121	82 4	4:0
7	3 SEX		4 RACE		OF BIRTH	6. AGE IN YEARS LAST BI	RTHDAY) IF UN		UNDER
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35	í	RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U. S. A.	WIDOW		9. BALTIMORE CITY OF Frederick			
64		Trederick	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Frederick Mem	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST ON THE NO. 1		26. KIND OF BUNDUSTRY NONE	USINE
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r to buriol, cremotron, or remoi injury, or other troumotic even	7 NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	MUMCNIR T NOT RELATED TO THE TERM red by Br. Wv	inal disease or con			
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